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HUMANITARIAN NEEDS OVERVIEW AFGHANISTAN

HUMANITARIAN
PROGRAMME CYCLE
2021

ISSUED DECEMBER 2020



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team (HCT) and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

PHOTO ON COVER

Kandahar, Afghanistan.

A group of students at a community-based school, in Kandahar province. UNICEF is supporting more than 350 CBE classes in different rural/urban areas of Kandahar – part of a strategy to get children, especially girls, back to learning. Photo: UNICEF.

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Summary of Humanitarian Needs and Key Findings

June 2020 figures

PEOPLE IN NEED OF A SOCIAL SAFETY NET	PEOPLE IN HUMANITARIAN NEED
35M	14M

Projected figures - 2021

PEOPLE IN NEED OF SOCIAL ASSISTANCE	PEOPLE IN HUMANITARIAN NEED
30.5M	18.4M

People in need - 2021

TREND (2015-2021)	WOMEN	CHILDREN	ELDERLY	WITH SEVERE DISABILITIES
	22%	53%	2.8%	8.4%



KANDAHAR

Young girls and their family displaced by violence and conflict in a village near Kandahar City, November 2019. Photo: OCHA/Charlotte Cans

Severity of needs: projected (2021)

MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
9.9M	12.1M	12.1M	5.8M	0.5M

By Population Groups

POPULATION GROUP	PEOPLE IN NEED	% PIN
Vulnerable people with humanitarian needs	16.9 m 	92%
Cross-border returnees	714 k 	3.9%
Shock-affected non-displaced people	705 k 	3.8%
Internally displaced people	500 k 	2.7%
Refugees & asylum seekers	72 k 	0.4%

With Disability

AGE	PEOPLE IN NEED	% PIN
People with disabilities	1.5 m 	8.4%

By Sex

SEX	PEOPLE IN NEED	% PIN
Girls	4.6 m 	25%
Women	4.1 m 	22%
Boys	5.1m 	28%
Men	4.6 m 	25%

By Age

AGE	PEOPLE IN NEED	% PIN
Children (0 - 17)	9.7 m 	53%
Adults (18 - 64)	8.2 m 	44%
Elderly (65+)	505 k 	2.8%

Context, crisis, impacts and needs

Forty years of war, recurrent natural disasters, increasing poverty and COVID-19 are devastating the people of Afghanistan. Conflict continues to drive extreme physical and psychological harm, and is forcibly displacing hundreds of thousands of people every year. Civilian casualties remain staggeringly high, with no sign of a lull in fighting and women and children continue to be disproportionately impacted. The onset of COVID-19 has had catastrophic consequences for people's health, incomes and levels of debt. Hunger and malnutrition have spiked amid the ongoing conflict and economic downturn, with food insecurity now on par with the 2018-2019 drought, leaving Afghanistan with the second highest number of people in emergency food insecurity in the world – 5.5 million people.¹

Evolution of needs 2020-2021

The political, social, economic, and security landscape in Afghanistan has shifted dramatically since the start of 2020. The US-Taliban agreement² in early 2020 signalled a historic shift in US policy towards Afghanistan and opened the way for a severe drawdown in the international military presence and active US engagement in the ongoing conflict, in exchange for a number of commitments from the Taliban, including participation in talks with the Government of Afghanistan. The temporary ceasefire negotiated as part of that agreement created a model for two subsequent, temporary ceasefires between the Taliban and Afghan Forces, and contributed to the conditions under which historic Intra-Afghan peace talks could begin mid-September 2020. While it is too soon to forecast the outcome of the peace talks, for the first time in nearly 20 years efforts are underway to negotiate a lasting peace between the Taliban and the Government of Afghanistan, potentially reducing suffering for millions of people.

There are already signs however, that the path to any peace agreement will be a bloody one. Significant spikes in violence were observed in the first eight months of 2020 leading up to the talks, with continued high numbers of civilian casualties.³ The start of the peace talks in mid-September 2020 was also met with a sharp rise in hostilities in October and November 2020, with increases in civilian casualties,

as each party attempts to strengthen their negotiating positions.⁴ Other Non-State Armed Groups (NSAGs) have also been active during this time, foreshadowing potential for further spoiler attacks as the peace talks continue into 2021. The 2-3 August 2020 complex attack on Jalalabad prison claimed by Islamic State of Khorasan (ISK) that resulted in the deaths of 29 people and the escape of approximately 1,300 prisoners, revealed a potential new approach and increase in NSAG capacities.

Thankfully 2020 saw a relatively low number of people affected by natural disasters (104,200 in 2020 compared to 306,500 in 2019).⁵ However, this has been more than offset by the devastating impacts of COVID-19. The first confirmed case of COVID-19 was recorded in Hirat Province in February of 2020. Since then, COVID-19 has spread to all 34 provinces, resulting in more than 48,000 confirmed cases and 1,900 deaths⁶ and throwing Afghanistan into an unprecedented health, social and economic crisis. Confirmed cases are likely to be a substantial under-estimation due to low testing rates with estimates suggesting that by June of 2020 more than 30 per cent of the population may have already been exposed to the virus.⁷ Measures implemented to slow the spread of the virus, including lockdowns, border closures, and suspension of formal and informal livelihoods activities have, in turn, triggered a sharp contraction in the country's economy, crippling household debt, reduced remittances, elevated food prices and exacerbated rising food insecurity.

Over the past five years, the food security situation in Afghanistan has steadily deteriorated with the percentage of food insecure people doubling (from 37 per cent in September 2015 to 76 per cent in November 2020), while the proportion of people in crisis or emergency levels of food insecurity has increased more than five-fold (from 8 per cent to 42 per cent over the same period).⁸ The 2020 Seasonal Food Security Assessment (SFSA) shows that with the onset of COVID-19, the scale of acute food insecurity in the country is now comparable to the situation faced in 2018-2019 – the worst year for food insecurity in recent memory which resulted from a devastating drought. The number of people in crisis or emergency levels of food insecurity (Integrated Food Security Phase

Classification - IPC 3+) has risen from 13.9 million in November 2019⁹ to 16.9 million, or 42 per cent of the population in November 2020. Food insecurity, forced displacement, low access to health services, and poor access to water and sanitation have also led to a sharp decline in the nutritional status of children. Almost half of children under five need life-saving nutrition support, as do a quarter of pregnant and lactating women (PLW).

The economic and social conditions created by the COVID-19 pandemic have also exacerbated protection risks for vulnerable families, many of whom had already depleted limited financial, mental, and social coping capacities due to prolonged conflict or recurrent natural disasters. The additional stress from the pandemic has pushed households to adopt negative coping mechanisms, including increasingly requiring children to work or marry to offset financial burdens. The economic downturn in the region has also triggered record numbers of voluntary and involuntary return of migrants back to Afghanistan. 2020 was the largest return year on

record for undocumented Afghan migrants with 824,000 as of early December, exceeding the 806,000 who returned from Iran and Pakistan in 2018.¹⁰

Despite these escalating needs, there has not been a commensurate increase in funding in 2020, resulting in substantial unmet needs with consequences for 2021. In particular, many of the more complex or durable solutions planned for 2020 could not be implemented. Thus, while substantial numbers of people have been assisted (7.6m people by the end of quarter three), much of this has been with higher-reach, lower-cost COVID-19 response activities and not through the delivery of the more comprehensive packages of assistance the humanitarian community had sought to deliver. Financial strains and fear of catching COVID-19 meant that facility-based primary health and trauma services were under-utilised in 2020, resulting in deteriorating health needs in 2021. The delayed rollout of social safety net assistance by development actors in 2020 is also a factor in escalating humanitarian needs for 2021.

Scope of analysis

This Humanitarian Needs Overview (HNO) looks at likely evolution of humanitarian needs in Afghanistan throughout 2021 with an inter-sectoral approach to the analysis that recognises the multi-dimensional nature of people's needs across sectors. The situation beyond 2021 remains uncertain with a range of risks that could upset planning assumptions. These risks and potential implications to 2021 planning are outlined in the risks section of this analysis (pg 51). While the current intra-Afghan negotiations present an opportunity to reduce harm to civilians and address humanitarian needs, increased violence seems likely to dominate the path to any peace agreement. Regional dynamics and anticipated additional waves of COVID-19 have the potential to threaten a hoped-for economic recovery. Thus, forward projections beyond 2021 would be unreliable and so have not been included in this analysis.

All 2021 calculations are based on the joint planning assumption that the current security, economic, health and environmental context is likely to deteriorate over the year ahead, with different seasonal influences on needs throughout the year including the onset of winter, rainfall patterns, agricultural planting and harvest seasons, the fighting season and others (see pg 51 for seasonal influences on needs).

Population groups

Because of the triple threat facing Afghanistan of conflict, COVID-19 and climate, needs are deep and widespread across the country, affecting all provinces. Given this scope of needs and the anticipated outlook for the coming year, the population groups for 2021 will remain the same as those included in the 2020 revised Humanitarian Response Plan (HRP):¹¹

- Internally Displaced People (IDPS)
- Shock-Affected Non-Displaced People (including disaster-affected people, trauma patients and COVID-19 hospitalisations)
- Vulnerable People with Humanitarian Needs
- Cross-Border Returnees
- Refugees and Asylum Seekers

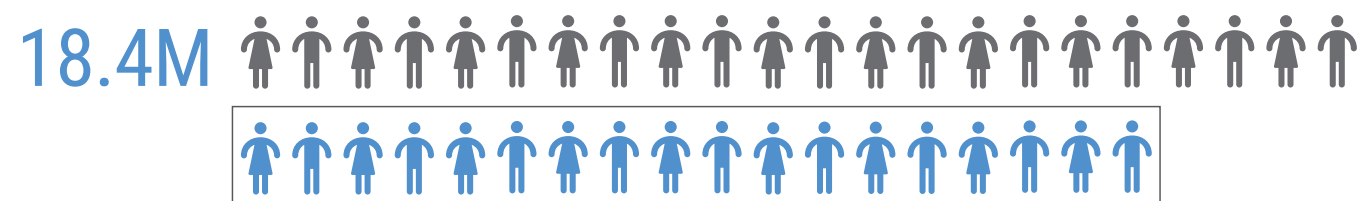
This HNO applies protection, gender, age, disability, mental health and AAP lenses to its analysis with disaggregated data used throughout, where available.

Estimated number of people in need

TOTAL POPULATION



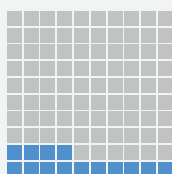
PEOPLE IN NEED



BY SECTOR

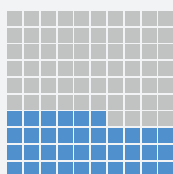
EDUCATION

2.6M



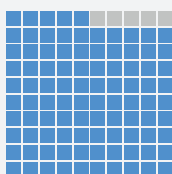
ES-NFI

6.6M



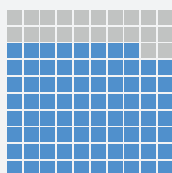
FSAC

17.6M



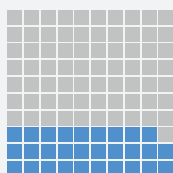
HEALTH

14.5M



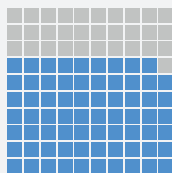
NUTRITION

5.4M



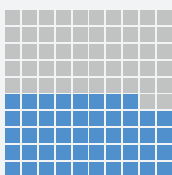
PROTECTION

12.8M



WASH

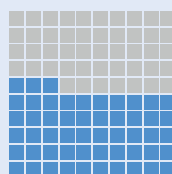
8.8M



BY AGE, SEX & DISABILITY

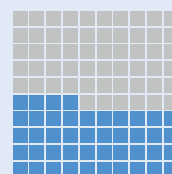
CHILDREN <18 YEARS

9.7M



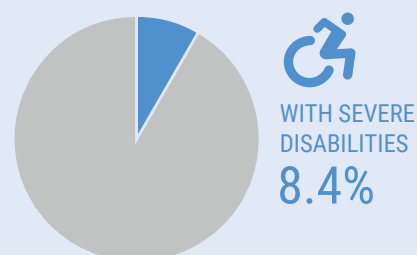
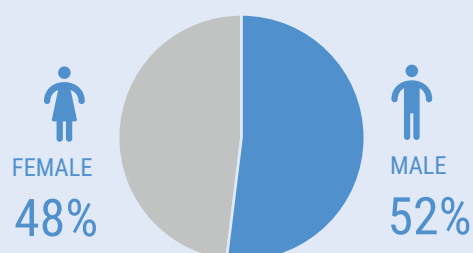
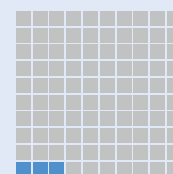
ADULT 18-64 YEARS

8.2M

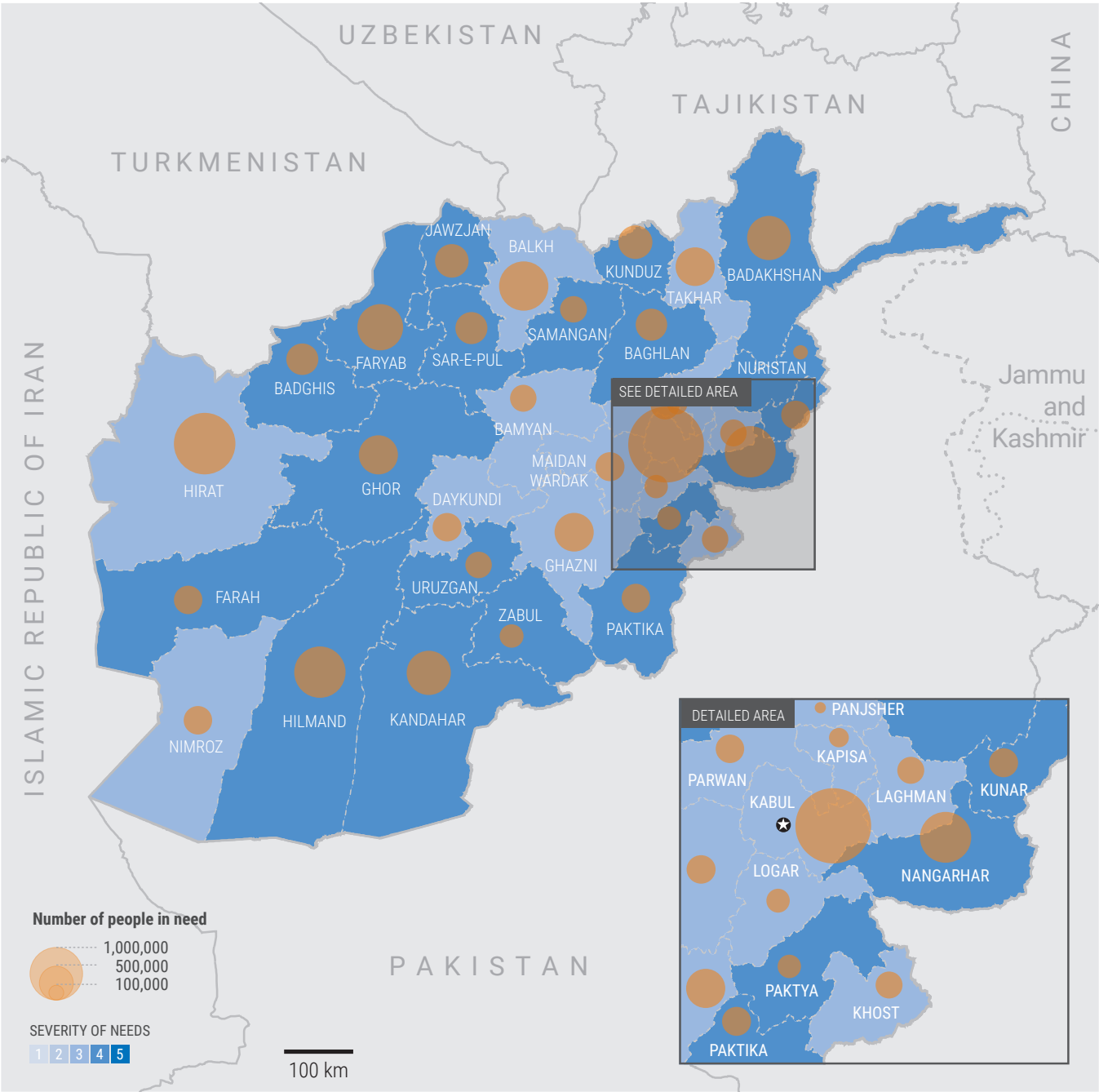


ELDERLY >64 YEARS

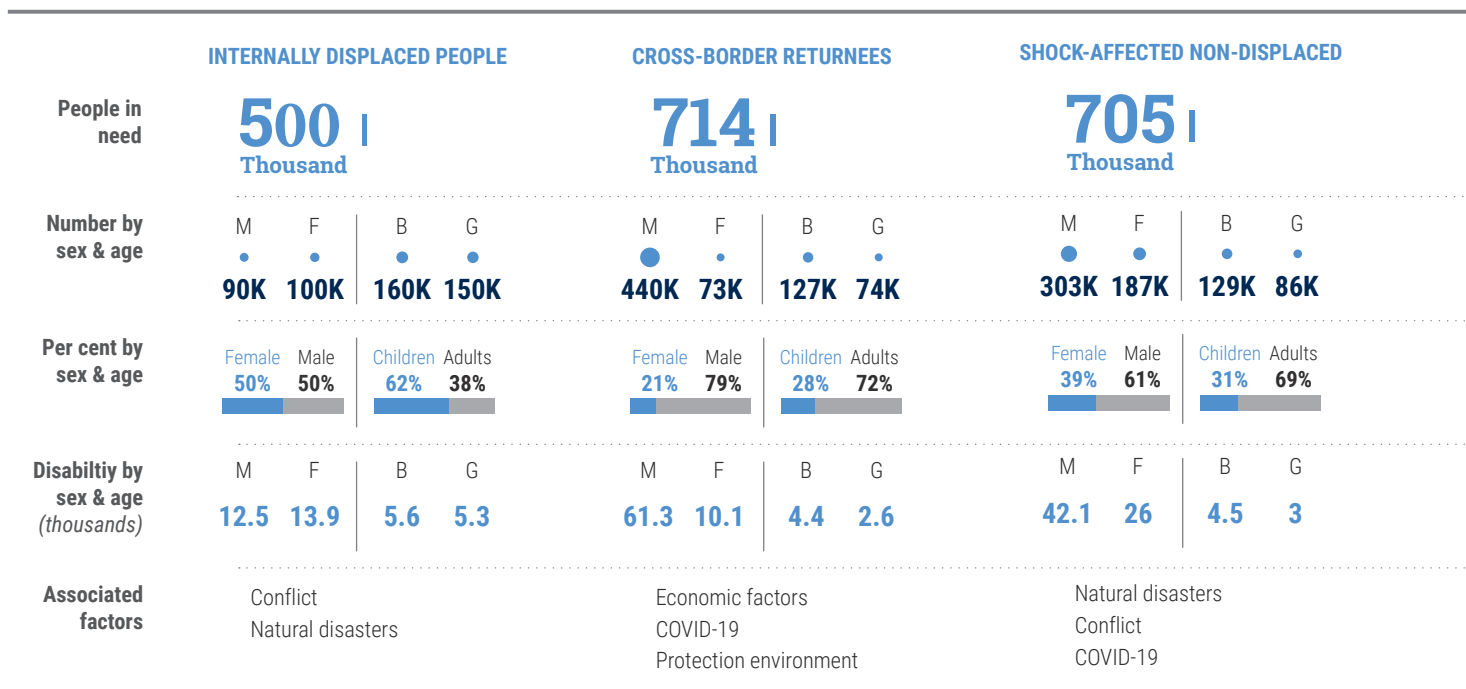
0.5M



Severity of Humanitarian Conditions and
Number of People in Need



Severity of humanitarian conditions and number of people in need

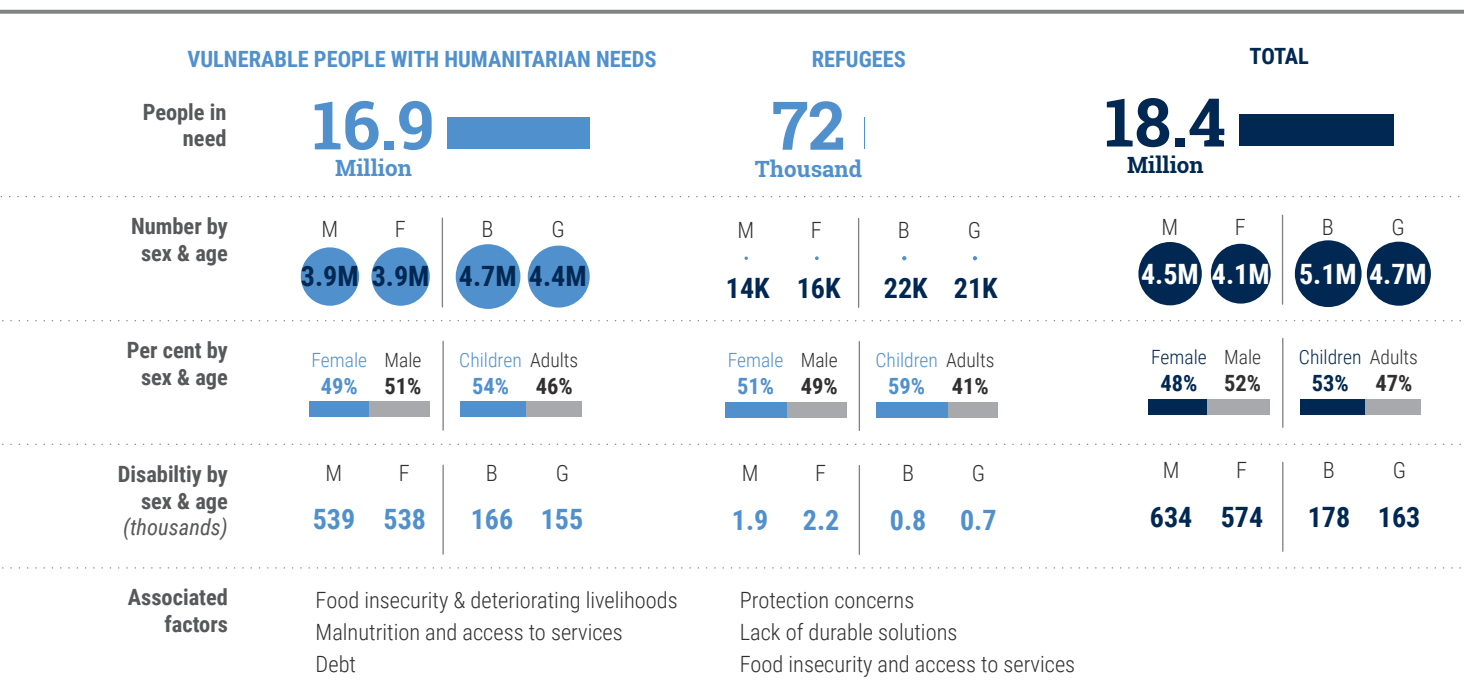


Humanitarian Conditions, Severity, and People in Need

The deteriorating context and an increase in population estimates (now 40.4 million people) have combined to leave a projected 18.4 million people in humanitarian need in 2021, up from 14 million people in June 2020 and 9.4 million in January 2020. This increase is driven by the social, economic and health impacts of COVID-19, high cross-border mobility, spiralling food insecurity and malnutrition, as well as conflict-driven displacement and protection needs. These humanitarian needs estimates were calculated using the Joint Inter-sectoral Analysis Framework or JIAF

approach, which looks holistically at the needs facing people in Afghanistan and measures the severity of these needs using a series of inter-sectoral indicators.

As humanitarians shifted response priorities to meet COVID-19 related needs, unaddressed priorities from 2020 are driving more severe needs in 2021 and will require urgent supplementary development assistance, especially in protracted displacement sites. In 2021, some 36.7 million people (93 per cent of the population) are predicted to be living on less



than \$2 a day and 30.5 million people are in urgent need of a social assistance from the Government and development actors to help them survive the stresses and economic impacts of COVID-19.

High levels of household debt, eroded livelihoods, continued conflict and repeated psychosocial trauma have exacerbated protection needs, leaving 12.8 million people need protection assistance. Women are facing both an increased burden of care and gender-based violence (GBV) risks due to COVID-19. Additional protection assistance is needed for children who are increasingly being required to work outside of home and are at heightened risk of early marriage,

exploitation or recruitment into armed groups. With limited legal protection and greater difficulty in securing employment, many households live under the threat of eviction.

These factors have combined to erode people's well-being, living conditions and coping capacity. The JIAF inter-sectoral analysis of needs revealed that all 34 provinces in the country are in severe (15) or extreme (19) need with almost all population groups of concern present in every province (except refugees who are centred in Khost and Paktika).

Part 1:

Impact of the Crisis and Humanitarian Conditions

MAZAR-E-SHARIF, NOVEMBER 2019

9 year old Mariam with her siblings. She is holding her baby brother who was born with a disability, and cannot walk. Mariam and her family fled conflict and found refuge in this village, set in a barren land, 20 kilometres from Mazar-e-Sharif. They survive mainly on tea, bread and rice. Mariam would like to become a doctor when she grows up. Photo: OCHA/Charlotte Cans



1.1

Context of the Crisis

Political, social, demographic, economic profile

The people of Afghanistan enter 2021 with an uncertain political situation but with hope for change after 40 years of war. The start of Intra-Afghan peace talks in the second half of 2020 presents the possibility of a new chapter for Afghanistan. A recent public perception poll indicates continued optimism for peace in Afghanistan with two thirds of those surveyed believing peace is achievable in the next two years.¹² However, while parties are negotiation towards lasting peace, in the short-term efforts by the Taliban to secure a strengthened position from which to negotiate continue to drive local violence and have displaced thousands of families from their homes. Violence continues to be a daily, terrifying risk for civilians across the country and is a significant barrier to the rollout of national programmes by the Government, given NSAGs control over so much geographical area. 2020 was a psychological rollercoaster for many civilians, with periods of improved security and hope around the peace talks, followed by periods of intense violence and underlying fear over COVID-19.

Social, health and economic impacts from the COVID-19 pandemic continue to be felt across all demographic groups and are undermining the coping capacity of an already vulnerable population. The dramatic contraction in the country's burgeoning economy, loss of informal livelihoods and the high prevalence and depth of household debt are pushing all population groups to adopt dangerous coping strategies which are particularly putting women and children at increased risk. COVID-19 resulted in an estimated 5.5–7.4 per cent contraction in the economy in 2020,¹³ a significant spike in food prices, with the price of some basic food items increasing by more than 20 per cent in the first half of 2020,¹⁴ and reduced income for 59 per cent of households.¹⁵

Higher prices combined with lower incomes have driven unsustainable levels of household debt and are pushing people to adopt irreversible negative livelihoods coping strategies. The recent Whole of Afghanistan (WoA) Assessment has found that the percentage of people with an unpaid debt burden in Afghanistan has spiked to 84 per cent for displaced households (up by 13 per cent from 2019) and to 93 per cent for non-displaced households (up by 24 per cent from 2019). Almost one in five displaced households were found to have taken on catastrophic levels of debt, mainly to cover immediate food, healthcare and shelter related needs.¹⁶ Wider prevalence and the increased scale of debt is continuing to perpetuate adoption of negative coping mechanisms, eroding household resilience and overall coping capacity, straining the social fabric of the country. The proportion of households using "Emergency" livelihoods coping strategies has more than doubled meaning that many households are now selling critical assets which they will struggle to re-purchase even if the situation improves. The WoA Assessment shows that the percentage of households living with this "Emergency" Livelihood Coping Strategy Index (LCSI) Score has increased from 16 per cent in 2019 to 42 per cent in 2020 amid COVID-19 and worsening security.¹⁷

Regional economic declines will continue to have a significant impact on Afghanistan's economy over the year ahead. 2020 was a record year for Afghan migrant returns from Iran and Pakistan. A survey carried out by the Mixed Migration Center Asia found that nearly half of the returnees interviewed came home due to the COVID-19 pandemic, with most citing job loss as their main reason for return.¹⁸ This resulted in 100 per cent of those returning being in need of humanitarian assistance in the second half of 2020 – up from just



KANDAHAR, AFGHANISTAN

Meezan is a 13 year-old boy from Kandahar. He fractured his leg while playing football and is now using his 70-year old father, Mohammed Akbar's crutches. Meezan is in Grade 4, and wants to become a doctor when he grows up. Photo: UNICEF-Afghanistan/2020/ Frank Dejongh

20 per cent in 2019. All returnees are again considered in need for 2021.

Even with one per cent real GDP growth forecast in 2021, recovery from the economic impact of the COVID-19 pandemic is anticipated to be an uphill climb for years to come.¹⁹ Vital regional remittance rates have shrunk by 40 per cent compared to 2019, new investment remains constrained by political uncertainties and rising insecurity, and both per capita and real GDP are expected to remain below pre-COVID-19 forecasts over the medium term.²⁰

Afghanistan's population is estimated to be 40.4m in 2021,²¹ of whom 51 per cent are men and 49 per cent are women. A staggering 47 per cent of the population are under 15 years old, giving Afghanistan one of the highest youth populations in the world.

With a projected population growth rate of 2.3 per cent per annum,²² one of the steepest in the region, the country's financially-dependent youth population is set to grow even further. In these circumstances, engaging these young people in education, so that they can later join the skilled workforce, is more critical than ever. There are also an unconfirmed number of Kuchi nomadic herders who may not be fully captured in the population data and may have significant humanitarian needs.

Population growth, internal displacement, higher-than-usual rates of cross-border return are contributing to increased strain on limited resources, livelihood opportunities and basic services. It is estimated that almost 4.8 million people displaced since 2012 remain displaced in host communities.²³ Almost half (47 per cent) of longer-term displaced people surveyed in the

WoA Assessment indicate that they never intend to return to their areas of origin, making their recovery and prosperity a significant challenge for the country over the years ahead.

Security environment

Widespread, sporadic conflict continues to inflict physical trauma and mental distress on the people of Afghanistan. The World Health Organisation (WHO) notes that decades of conflict have left an estimated 800,000 Afghans (2.7 per cent of the population) with a range of severe disabilities.²⁴ This is only a portion of people with disabilities overall, especially when considering psychological and mental health issues. According to a study commissioned by the European Union, approximately half of the population in Afghanistan experiences depression, anxiety or post-traumatic stress due to violence.²⁵ Afghanistan is ranked as the least peaceful country in the world by the Global Peace Index and the conflict remains one of the deadliest for civilians by global measures.²⁶ Despite three temporary ceasefires in 2020,²⁷ a significant reduction in the number of civilians injured due to attacks by NSAGs and a drop in the number of airstrikes carried out by international military forces over recent years,²⁸ the continued use of improvised explosive devices (IEDs), asymmetric attacks, targeted killings and attacks on schools and hospitals have been devastating for the people of Afghanistan. Health facilities and workers continue to suffer harm from attacks, as well as acts of intimidation by parties to the conflict, even as there is heightened need for their services due to COVID-19.

The stated unwillingness of the Taliban to agree to a ceasefire at this early stage of the peace talks, the accelerated withdraw of international military forces, the transition of Afghanistan Local Police (ALP) forces, and unclear intentions of other NSAGs (primarily ISK), indicate a strong potential for deterioration of an already highly dynamic security situation during 2021.

Women and children continue to bear the brunt of the conflict and accounted for 44 per cent of all civilian casualties in the first three quarters of 2020.²⁹ For the fifth year in a row Afghanistan is listed as the

deadliest conflict for children.³⁰ Pervasive disregard for International Humanitarian Law (IHL) by all parties to the conflict continues to characterise the conduct of hostilities in Afghanistan and the landscape in which humanitarians are attempting to reach people in need. Afghanistan remains one of the top five most dangerous countries in which to be an aid worker.³¹ While humanitarians remain committed to the delivery of assistance to all people with demonstrated humanitarian needs and have stayed and delivered during the COVID-19 pandemic, frequent threats and attacks on protected personnel, attempts to interfere in operations, including by illegal taxation and levies, and other access constraints, regularly delay assistance, prolonging the suffering of vulnerable people.

The economic impact of COVID-19 is also translating into increased criminal activity particularly in Afghanistan's major centres. This increases fear among civilians and acts as yet another constraint on people's free movement around their cities to access services and attend school.

Legal and policy issues

The lack of government-issued identification documents continues to be a limiting factor for many of people in Afghanistan. According to 2020 WoA Assessment data, only a small proportion – 2 per cent – of displaced households reported no members owning a valid ID/Tazkera. However, 87 per cent of displaced households reported that some members were missing or had never had their identification documents. Data shows that 41 per cent of displaced households reported no women in the household had a Tazkera.³² This indicates that there is a need to improve levels of ownership, particularly for women who may be made more vulnerable, both in public life and within the household, by the absence of civil documentation. While the lack of civil documentation has ramifications of all population groups, it is particularly challenging for IDPs and returnees who are unable to access the limited government services that do exist without being able to prove their identities. For example, women require both a Tazkera and a marriage certificate to secure Housing Land and Property (HLP) rights; women are at particular risk of inheritance

problems when they lack proper documentation. The absence of a Tazkera limits the types of jobs people can do.³³ For example Tazkeras are often a pre-condition for government and Non-Government Organisation (NGO) jobs and are required to set up official businesses. Lack of documentation also presents challenges to accessing health care (although not a legal requirement), the formal education system, statutory justice systems, mobile phone services and the attainment of credit from banking institutions. Finally, the lack of a Tazkera can impede freedom of movement and the ability to formally migrate from the country because identification is required to secure a passport.³⁴

Documented, legal housing arrangements were a challenge for 51 per cent of displaced households surveyed as part of the WoA assessment.³⁵ This is a particularly serious challenge for those living in informal settlements³⁶ where people lack land tenure, reducing their access to essential services and placing them at constant threat of eviction.³⁷ Unequal access to land is also a major contributor to gender inequality in Afghanistan. Current estimates indicate that less than five per cent of land tenure/ownership documents include the name of a female family member.³⁸ Women's relationship to land in Afghanistan is typically secondary – through her relationship with a male owner. Consequently, this lack of land right constitutes a major cause of gender-based asset inequality, particularly given that land is often a household's most valuable asset.

Despite efforts to improve transparency and root out corruption in both the public and private sector, corruption continues to plague the country. In a recent perception survey, 95 per cent of people view corruption as a major problem for Afghanistan as a whole, and 85 per cent perceive it as a problem in their daily life.³⁹

At the time of publication, the Government of Afghanistan is in the process of revising the country's existing NGO law with grave implications for operational independence. The current draft law outlines new powers for the Government to determine NGOs' organisational structure, hiring practices,

policies, financial decisions and assets, threatening humanitarian principles. While NGOs recognise the benefits of having a clear NGO Law in place that facilitates their work according to international best practice, such legislation must be enabling, allowing NGOs to serve the people of Afghanistan according to core humanitarian principles of transparency, operational independence, impartiality, and neutrality.

Lack of progress in passing proposed legislation on asylum has left refugees in Afghanistan without the necessary legal documentation to enable them to move freely throughout the country, work in the formal sector, pursue higher education, or enter into contracts, leaving them dependent on humanitarian assistance and remittances to meet basic needs. Since Intra-Afghan Negotiations began on 12 September 2020, additional discussions have been initiated among sub-regional stakeholders on the potential for facilitating the large-scale return of Afghan nationals from Pakistan and Iran in 2021 in line with the Government of Afghanistan's post-peace priorities. This would, however, need to be based on the principles of safe and voluntary return. Existing Proof of Registration and Afghan Citizen Cards in Pakistan expired in June 2020 and are only expected to be renewed in 2021.

Infrastructure

Challenges stemming from under-investment in basic infrastructure continue to hamper quality of life and access to services throughout Afghanistan. Active conflict, large-scale population movements, recurrent natural disasters and the ongoing impact of COVID-19 on the social and economic fabric of the country have hindered longer-term urban planning, reduced attention on more expensive durable solutions and diminished people's access to essential services. The 2020 SFSA found the majority (73 per cent) of the population living in rural areas still lacks access to safe drinking water, sanitation, and hygiene services. In some of these rural areas, open defecation is as much as seven times more common than in urban areas.⁴⁰ Meanwhile, 45 per cent of people in rural areas are without access to improved family latrines⁴¹ and collecting water takes three times longer.

Despite considerable additional health investment and heightened need due to the pandemic, households continue to struggle to access health facilities. This is not just because there are an insufficient number of centres across the country but also because of the cost and dangers involved in reaching these centres and because they are sometimes forced to close because of violence. A third (36 per cent) of all displaced households report no access to trauma care. There has also been a trend of people being reluctant to attend fixed health and nutrition facilities where they do exist, due to fear of catching COVID-19 due to gaps in infection prevention and control measures.

Shelter needs for displaced households remain critical as 28 per cent report living in shelters which are either significantly damaged or destroyed.⁴² According to the WoA assessment,⁴³ the need for emergency and transitional shelter is reported to be the highest among refugees (50 per cent), followed by non-recent IDPs (37 per cent), recent IDPs (36 per cent), cross-border returnees (30 per cent) and acutely vulnerable people (21 per cent). Shelter issues reported by displaced households include a lack of insulation (59 per cent), leaking during rain (44 per cent), poor ventilation (36 per cent) and presence of dirt or debris attributed to use of sub-standard materials (15 per cent).

People's vulnerability due to the pandemic has become heightened due to poor infrastructure, particularly in the almost 1,150 informal settlements which feature crowded living conditions, low availability of Water, Sanitation and Hygiene (WASH) infrastructure, and limited access to health, social and economic services.⁴⁴

The physical environment and lack of transport and communications infrastructure remain a challenge in Afghanistan, with road access impeded by conflict, poor road conditions as well as natural hazards, including seasonal flooding and heavy snowfall. Recent Hard-to-Reach areas analysis⁴⁵ has indicated that just over 200 of Afghanistan's 402 districts have phone coverage throughout the district, with partners reporting of 34 districts with no phone coverage at all. Even in districts where phone coverage is available, interruptions are frequent, with only 222

districts having network connection throughout the day. Even where cellular networks exist, only 41 per cent of displaced households report owning a sim card.⁴⁶ Access to mobile phone services remains uneven with 62 per cent of women-headed households reporting that they do not own a sim card. The picture regarding access to electricity across Afghanistan is mixed. The United States International Development Agency (USAID)⁴⁷ estimates that only 30 per cent of Afghans have access to electricity, while figures from Afghanistan Transparency Watch⁴⁸ suggest it may be as high as 65 per cent. Thus, sustained and reliable access to electricity is an ongoing issue for many Afghans. Electricity supplies have been especially unreliable in 2020 including in Kabul. Reflective of this, 43 per cent of Afghans surveyed as part of the Asia Foundation's perceptions poll⁴⁹ reported that access to electricity for their household had become worse in the past 12 months, while only 17 per cent report that it has improved. Respondents in the Central/Highlands region (52 per cent) are most likely to report that access to electricity had worsened while those in the North West (38 per cent) are least likely.⁵⁰

Natural environment and disaster risk

While conflict and insecurity remain the primary drivers of displacement, natural disasters and environmental risks remain recurrent disruptors, frequently contributing to heightened vulnerability and need. Afghanistan has an Inform Risk Index of 8.1, the second highest country out of the 191 profiled. At the same time, the Notre Dame Global Adaptation Index ranks it as the 11th least prepared country against climatic shocks and the 10th most vulnerable country in the world to climate change.⁵¹

While the number of disaster-affected people has been lower in 2020 compared to previous years, the immediate climate outlook demands ongoing vigilance. A global La Niña event has been declared and regional climatic outlooks indicating 'rainfall departure' from Afghanistan, Iran and other Central Asian countries until early 2021 suggest the country should expect below-average precipitation and above-average temperatures between October 2020 and February 2021.⁵² This may mean there is a reduction

in water availability for the winter wheat crop cycle (cultivation in spring); a reduction in rangeland production negatively affecting livestock; and higher risk of avalanches (in highlands) and other types of winter hazards associated with warmer temperatures during winter.⁵³ With the country still recovering from the 2018-2019 drought and now COVID-19, and already serious levels of food insecurity and malnutrition, this kind of climate shock could have far-reaching consequences if it materialises as forecast.

With its placement in a seismically active region, Afghanistan remains highly susceptible to catastrophic damage due to earthquakes – particularly across a number of densely populated urban areas along the Chaman, Hari Rud, Central Badakhshan, and Darvaz faults. Each of these faults is capable of producing 7 or 8 Magnitude earthquakes. In the last 10 years, more than 7,000 people have lost their lives because of earthquakes in Afghanistan, with an average of 560 fatalities per year.⁵⁴ A contingency plan developed by the Inter-Cluster Coordination Team (ICCT) in late 2020 estimates that if an earthquake of 7.6 magnitude were to strike the seismically risky area between Kabul and Jalalabad, up to 7 million people would be impacted in the areas of worst shaking, throwing three million of the most vulnerable people into humanitarian need.⁵⁵

Given the convergence of heightened climate risks, food insecurity, poor preparedness and susceptibility to damage due to earthquakes, the Inter-Agency Standing Committee (IASC) Asia-Pacific Regional Directors have agreed that Afghanistan is now the most at-risk country in the region and should be upgraded as a global concern.



KANDAHAR

This elderly woman has settled in a village near Kandahar City after being displaced by attacks and violence in her village. She fled with hundreds of other families in the middle of the night. Photo: OCHA/Fariba Housaini

1.2 Shocks and Impact of the Crisis

Impact on people

Civilian safety

Conflict continues to drive extreme physical and psychological harm towards the people of Afghanistan. The UN Assistance Mission in Afghanistan (UNAMA) documented 5,939 civilian casualties (2,117 people killed and 3,822 injured) in the first nine months of 2020.⁵⁶ While this represents a 30 per cent reduction in civilian casualties compared to the same period in 2019 and the lowest number of civilian casualties over the first nine months of the year since 2012, the

number of those killed by NSAGs remained similar to last year. The conflict in Afghanistan still remains one of the deadliest in the world for civilians.⁵⁷ The majority of civilian casualties are from ground engagements where the use of indirect fire (mortars, rockets, and grenades) in populated areas makes it impossible for civilians to avoid conflict areas. In contrast to the national trend of an overall reduction in civilian casualties, nine provinces witnessed an increase in civilian casualties compared to last

year: Balkh, Samangan, Jawzjan, Badakhshan, Ghor, Kapisa, Logar, Khost and Bamyan.⁵⁸ In addition to the immediate physical trauma inflicted on victims of this violence, 85 per cent of victims interviewed by UNAMA report that the incident had cause long-term physical disability and disfigurement. 100 per cent of victims report emotional and mental stress, many with manifestations such as nightmares or trouble sleeping.⁵⁹

Ongoing conflict has also forcibly displaced more than 294,600 people across 31 of 34 provinces in the first 11 months of 2020.⁶⁰ This is considerably lower than 2019 where 441,141 people were displaced in the first 11 months of the year.⁶¹ There is anecdotal evidence that people were more reluctant to leave their homes in 2020 due to their precarious financial situation during the pandemic, potentially accounting for the lower numbers of people on the move despite ongoing fighting.⁶² Along with the immediate impact of displacement on the financial and social wellbeing of households, displacement leaves people further exposed to explosive hazards that contaminate large parts of the country. Each month, approximately 97 civilians are killed or injured by mines, including IEDs and explosive remnants of war (ERW).⁶³ From 1 January to 30 September 2020, UNAMA documented 584 civilian casualties (323 killed and 261 injured) from pressure-plate IEDs (PPIEDs), of which 12 per cent were women and 31 per cent were children. This is a 44 per cent increase in civilian casualties from these devices compared with the first nine months of 2019. More than double the number of civilians were killed in this way over the same period in 2019. A surge in cross-border movements in 2020 due to COVID-19 related economic pressures in Iran may also have contributed to this higher casualty rate as people moved through areas they may not know or may not have visited for some time, exposing them to increased risks.

Women, children and the elderly

For the fifth year in a row, Afghanistan is listed as the deadliest conflict for children in the 2020 Report of the Secretary-General on Children in Armed Conflict.⁶⁴ In 2020, more than four in every 10 civilian casualties

were women or children. Child casualties represented a third (31 per cent) of all civilian casualties in the first nine months of 2020, and women casualties made up 13 per cent.⁶⁵ Children also continued to be forced into active conflict in 2020. UNAMA verified 155 children being recruited and used by armed groups between 1 January and 30 September 2020. This is more than three times the number of children recruited and used during the same period in 2019⁶⁶ but is still likely to be a gross under-estimate of recruitment overall. Children also continue to face risks from attacks and harassment while seeking education. According to data from the Monitoring and Reporting Mechanism (MRM),⁶⁷ 7 casualty incidents were reported between January and September 2020, resulting in 13 children being killed and 8 injured.

The socio-economic impact of the pandemic is exacerbating pre-existing gender inequalities driven by harmful norms and stereotypes. COVID-19 has particularly impacted women who have suffered a decrease in income-generating opportunities, risking their access to essential services such as healthcare, food, water, and protection. The 2020 WoA Assessment indicated that displaced women-headed households reported relying on loans for income at a higher rate than male-headed households (32 per cent compared to 16 per cent). The stress of poverty and unemployment followed by food insecurity, low access to WASH and hygiene materials, and the high burden of care for the sick and for children has impacted on the overall living conditions of people in Afghanistan, which has indirectly triggered GBV cases and mental distress.⁶⁸

The Global Age Watch Index has consistently rated Afghanistan as one of the worst countries in which to live for the elderly. This analysis looks at a variety of indices such as income security, health status, capability, and enabling society and environment.⁶⁹ According to HelpAge International, even before the pandemic, Afghan elderly women in particular were found to be unhappy, stressed, and depressed.⁷⁰ HelpAge further notes that mental health for the elderly population in Afghanistan was heavily impacted by COVID-19, including due to the public messaging around heightened vulnerabilities

and risks for elderly populations leading some to lose confidence in the efficacy of measures to keep them safe.⁷¹

People on the move

The regional economic downturn due to COVID-19 and the application of sanctions in Iran has fuelled higher than normal, irregular cross-border migration in the region. Undocumented returns in 2020 had surpassed 2018 levels by December, making it the highest return year on record with 824,000 migrant returnees crossing the border from Iran and Pakistan. Returns of undocumented Afghan nationals from Iran escalated due to limited livelihood opportunities in Iran and the serious COVID-19 situation there at the start of the year. Now, 100 per cent of undocumented returnees are considered in need of assistance, up from 20 per cent in 2019. WoA Assessment⁷² findings show that as a result of COVID-19 and related restrictions, 78 per cent of cross-border returnees felt forced to leave their previous location abroad due to threats of eviction, lack of acceptance, pressure from security actors or civilian authorities, lack of safety, and limited livelihood opportunities. Recent returnees were more likely to cite COVID-19 as motivating their return to Afghanistan than non-recent returnees.

Displacement Tracking Matrix (DTM) data shows almost 4.8 million people have been displaced since 2012 and have not returned to their homes.⁷³

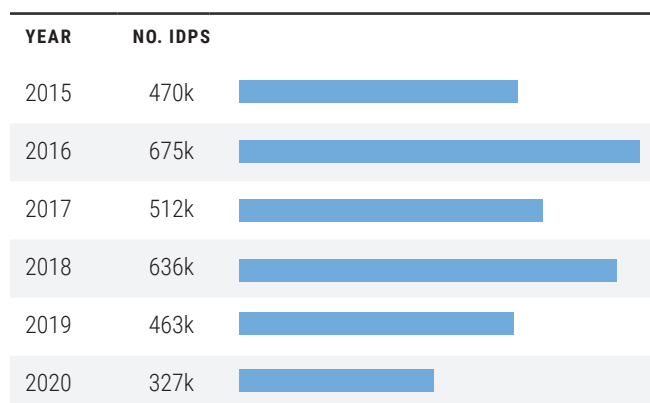
Many are renting or squatting in insecure housing, including in informal settlements on private land on the fringes of major cities. Their insecure land tenure limits investment in shelter and infrastructure, exposing residents to long periods of deprivation and accumulating vulnerabilities. WoA Assessment data shows that 87 per cent of non-recent IDPs intend to remain in their current location in the short term and more than half never intend to return to their place of origin.⁷⁴

Health

With a fragile health system, a developing economy and underlying vulnerabilities, the people of Afghanistan are facing extreme consequences

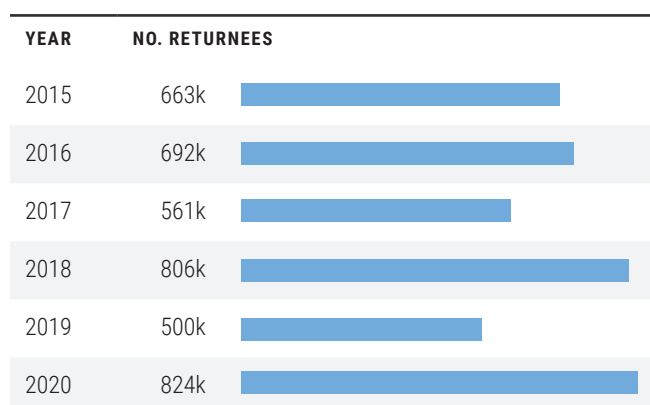
Internally displaced people

Thousands of people



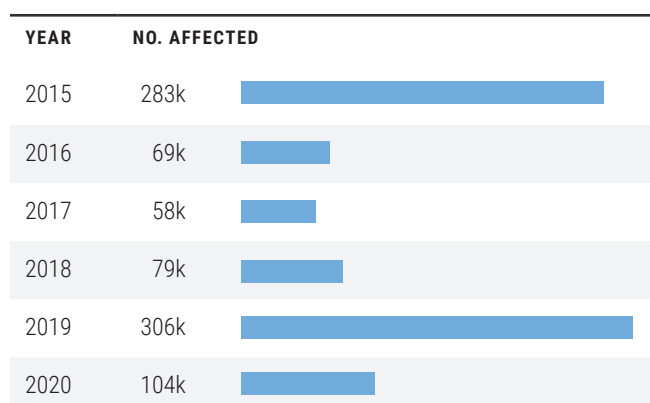
Undocumented returnees from Iran and Pakistan

Thousands of people



Natural disaster-affected

Thousands of people



from the COVID-19 pandemic. Due to limited public health resources and testing capacity, lack of people coming forward for testing, as well as the absence of a national death register, confirmed cases of and deaths from COVID-19 are likely to be significantly under-reported in official figures in Afghanistan. A joint study by Ministry of Public Health (MOPH), Johns Hopkins and WHO suggested that by June 2020, COVID-19 had infected more than 30 per cent of the population nationally (50 per cent of Kabul residents) and was likely to grow.⁷⁵ Facing unprecedented demand and multiple waves of the virus, hospitals and clinics continue to report challenges maintaining or expanding their facilities' capacity to treat patients with COVID-19, as well as maintaining essential health services, especially in areas of active conflict. While 14 laboratories are now operating in Afghanistan, the capacity of these facilities remains limited. Health teams at border crossings have also been under immense pressure due to the high numbers of people returning from Iran and requiring health screening. In 2020, more than 500,000 returnees were screened for infectious diseases, including COVID-19 and tuberculosis.⁷⁶

There is no health system without a workforce; COVID-19 among healthcare workers has hampered the pandemic response and the provision of other essential health services. Despite the delivery of millions of pieces of Personal Protective Equipment (PPE) by the international community, stocks of supplies have periodically run out; the shortfall in PPE for healthcare workers has led to a disproportionate number of COVID-19 infections among this workforce,⁷⁷ incapacitating the same critical staff relied upon to care for the ill. While it was necessary to redirect resources in 2020 to manage the spread of COVID-19, the lack of simultaneous investment in system maintenance has left many health facilities overwhelmed. Further, the emphasis on COVID-19 in terms of resource allocation has also resulted in fewer resources available to treat non-urgent, non-COVID health needs. Coupled with people's fear of attending health centres due to concerns about catching COVID-19, it is anticipated that this necessary over-weighting towards COVID-19 will result in more severe health needs manifesting in 2021.

Despite the heightened pressure and need for their services, health facilities and workers continue to suffer harm from attacks, as well as acts of intimidation by parties to the conflict, undermining the system's ability to meet needs. Since the start of the pandemic, there have been direct attacks on hospitals, abductions of healthcare workers, acts of intimidation, harassment and interference, looting of medical supplies, and indirect harm from the ongoing armed conflict. Between 1 January and 31 October 2020, there were 67 incidents carried out by parties to the conflict against healthcare workers or facilities. Unfortunately, 4 healthcare workers have been killed, 5 injured, and 13 detained; 51 health facilities are no longer functional due to destruction (2), damage (9), looting (2), or closing due to persistent conflict (38).⁷⁸

Hunger and malnutrition

Over the past five years, the food security situation in Afghanistan has steadily deteriorated with the percentage of food insecure people doubling. The proportion of people in a crisis or emergency situation has simultaneously increased more than five-fold since 2015. The recently updated IPC analysis shows the food security situation has become worse during COVID-19. An estimated 16.9 million people, or 42 per cent of the population are now assessed as being in crisis or emergency levels of food insecurity (IPC 3+) for November 2020 – March 2021. According to the IPC Secretariat, Afghanistan has the second highest number of people in IPC 4 (emergency) in the world – 5.5 million people.⁷⁹ COVID-19 has resulted in increasing food insecurity among urban residents where the impacts of the pandemic on employment and health have been most severe.

This comes alongside data from the WoA Assessment showing that household debt is rapidly escalating in terms of both the number of people in debt and the scale of that debt. Among displaced households in debt, the primary reason for taking on this debt was to pay for food (55 per cent). This increasing debt is also compounded by inflated commodity prices, pushing vulnerable households to adopt dangerous coping mechanisms.

In a deteriorating trend from the beginning of the year, findings of the most recent nutrition surveys show that 27 out of 34 provinces are now within the emergency threshold for acute malnutrition; 10 provinces are facing critical situations.⁸⁰ 3.1 million out of 7 million children under five are estimated to be acutely malnourished in 2021, meaning almost half of children under five need life-saving nutrition support, as do a quarter of PLW.

Disaster impacts

Between 1 January and 13 November 2020, more than 110,500 people were impacted by natural

disasters, including flooding, heavy snowfall, landslides and avalanches. Natural disasters regularly affect various parts of the country, with those in the capital, the south east, and east bearing the brunt in 2020. Flooding in Parwan was especially severe. The number of people impacted by floods in 2020 is significantly lower than 2019.⁸¹ However those who were forced to flee were exposed to a higher COVID-19 risks because inadequate WASH systems and facilities in displacement sites meant they were not able to comply with physical distancing and other preventative measures.

Impact on systems and services

Ongoing conflict, recurrent natural disasters, chronic under-investment in durable solutions, particularly in remote or contested areas, and more recently the need to shift humanitarian funding to the pandemic response, have further reduced access to critical services.

More than a quarter (27 per cent) of key informants in assessed hard-to-reach areas report having no health facilities accessible; 100 per cent of key informants reported⁸² that the health facility used by most residents had been closed or damaged in the three months prior to data collection; and 69 per cent reported having no access to medicine in the three months prior to data collection. Almost two thirds of key informants in assessed hard-to-reach settlements report having no access to nutrition services. Of those who reported a barrier to accessing nutrition treatment, 37 per cent reported that no facilities are accessible and 32 per cent reported that the facilities are too far or difficult to access.⁸³

Only 5 per cent of key informants in assessed hard-to-reach settlements reported⁸⁴ having piped water as their primary water source; 22 per cent reported relying on surface water, 23 per cent reported using an unprotected spring, well or kariz water and 2 per cent reported relying on water trucking/tankering. The remaining 48 per cent have 'improved' water sources

such as public or private handpump, piped water, or protected springs, wells or kariz. More than 40 per cent reported having no access to a market within one hour walk. Of those who reported a barrier to access to markets, 51 per cent reported markets being too far or not having transport available, 13 per cent reported the roads being too dangerous due to conflict, 8 per cent reported roads being too dangerous due to physical constraints; 12 per cent reported markets not being accessible due to COVID-19 restrictions.⁸⁵

Recent market monitoring by the Joint Market Monitoring Initiative (JMMI) also reveals households continue to face challenges in accessing functional markets. Among the 61 per cent of key informants who reported that they face at least one barrier to accessing markets as a consumer, the most frequently cited reasons included insecurity (24 per cent), financial barriers (23 per cent) and fear of exposure to COVID-19 and public health restrictions (18 per cent). In addition to consumers facing challenges, merchants also note problems with stocking items due to conflict, COVID-19, and poor infrastructure. Of the 48 per cent of traders who reported facing difficulties in road-based transportation of goods, 42 per cent cited conflict, 31 per cent cited roadblocks and 12 per cent reported seasonal challenges.⁸⁶

While the education system was significantly disrupted by COVID-19 in 2020, it was already facing challenges even before the outbreak. The WoA Assessment showed that 48 per cent of boys and 59 per cent of girls were out of school or Community Based Education (CBE) prior to the introduction of school closures for COVID-19. Enrolment rates among IDP, cross-border returnee and refugee children were even worse with 55 per cent of school-aged boys and 67 per cent of school-aged girls out of school. Following the closure of schools and the shift to alternative education approaches due to the pandemic, levels of engagement with remote learning approaches varied across populations and geographical areas.

Impact on humanitarian access

The ongoing conflict, COVID-19 and the challenging physical environment continue to directly impact on the ability of people in need to access life-saving assistance and on the speed with which humanitarian aid can reach them with support. Despite these challenges, humanitarian aid continues to find ways to stay and deliver, actually increasing reach during the pandemic.⁸⁸

The ability of affected people to access humanitarian assistance continues to be impeded by a combination of often overlapping challenges, including conflict, COVID-19, cultural barriers, and physical constraints. WoA Assessment findings show that 8 per cent of displaced households indicate the presence of mines, ERW, and PPIEDs in their community and 29 per cent report the loss of or severely diminished access to basic services due to non-COVID events, such as active conflict. Around a third of displaced households (35 per cent) and vulnerable non-displaced households (30 per cent) report loss of or severely diminished access to services due to COVID-19. Despite critical health needs, 30 per cent of displaced households report⁸⁹ feeling unsafe travelling to or being at health facilities due to insecurity, 15 per cent report being afraid to seek treatment for COVID-like symptoms due to stigma, and 44 per cent report being unable to access health care due to distance and the lack of transportation options available.⁹⁰ Women, in particular, report

Ongoing conflict and direct targeting by armed groups is compounding challenges to improve poor nationwide phone and internet connectivity. For example, in the third quarter of the year the Humanitarian Access Group (HAG) recorded five incidents of armed groups destroying network towers, often after the companies refused to pay taxation or to adhere to requests to go offline during the night, including in Maywand where an armed group destroyed two AWCC cell towers after they ignored a request to go offline from 7pm to 7am.⁸⁷ These interruptions to phone services also impact on the ability of humanitarians to operate and conduct needs assessments in affected areas.

inability to reach health centres due to transport and movement challenges.⁹¹

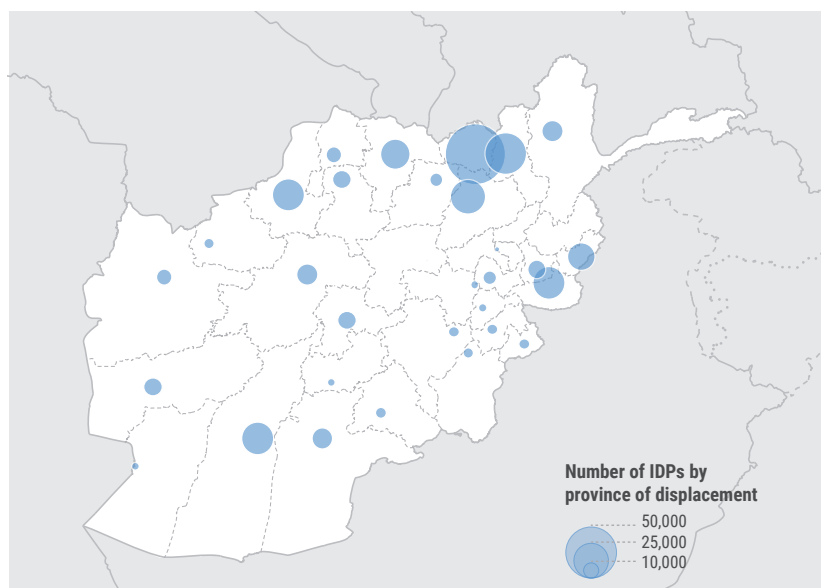
Afghanistan remains one of the most dangerous countries to be an aid worker. As of 15 December 2020, the HAG reported that 21 aid workers had been killed, 51 injured and 108 abducted. The COVID-19 pandemic is adding to pre-existing risks for aid workers as PPE shortfalls continue to affect frontline responders and the general community has become complacent about protective measures including mask wearing. As of 19 November 2020, 79 frontline health workers had died due to COVID-19.

According to analysis by the HAG, in the first three quarters of 2020, humanitarians faced 722 access constraints.⁹² This represents a frightening 62 per cent increase compared to the number of incidents (444) reported for all of 2019.⁹³ These access incidents include interference in the implementation of humanitarian activities, levy requests, military operations and kinetic activity, movement restrictions, physical environmental factors and lack of infrastructure, violence/threats against humanitarian personnel/assets/facilities, and landmines. The most frequently recorded constraint remains active interference by the Taliban, armed criminal groups and government authorities, in that order.⁹⁴ These interferences slow down the delivery of aid and

sometimes prevent needs being met. The economic impact of COVID-19 is also translating into increased criminal activity, with financial pressures possibly leading to more criminally motivated actions against humanitarians, including 12 incidents by community members in quarter three of 2020 compared to 3 and 5 incidents in the first and second quarters respectively.

While movement of humanitarian personnel and assets had been challenging due to COVID-19-related restrictions for some of 2020, the lifting of lockdown measures across the country greatly eased these constraints. However, many humanitarian organisations continue maintain a preventative posture and are limiting field missions to protect staff and beneficiaries from transmission risks. At the time of writing, many organisations continue to keep a proportion of their international staff outside the country, supporting the response remotely while national staff in-country.

Despite these constraints, humanitarians continue to stay and deliver with a surprising increase in overall reach during the pandemic. While there had been a minor dip in number of partners during the first peak of the COVID crisis,⁹⁵ third quarter data shows that the number of humanitarian organisations has now normalised back to 162 partners. According to third quarter data, 151 or 92 per cent of all humanitarian partners are NGOs (82 national and 69 international NGOs). Furthermore, despite constraints noted above, partner reach in 2020 has expanded to cover 398⁹⁶ of Afghanistan's 401 districts, demonstrating the humanitarian community's determination to not just stay in country but also to deliver, even in hard-to-reach districts.

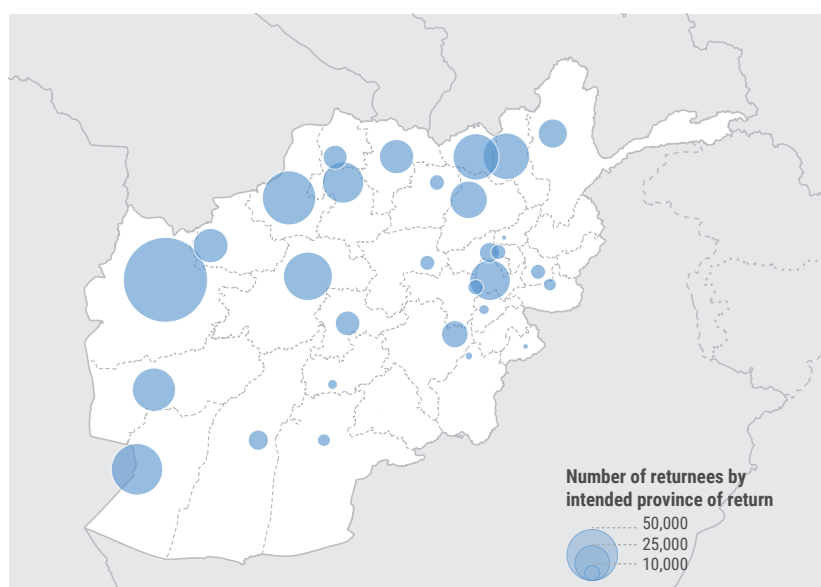


Impact on people: internal displacement

328,300

people newly displaced in 2020

Source: OCHA DTS, as of 13 Dec 2020

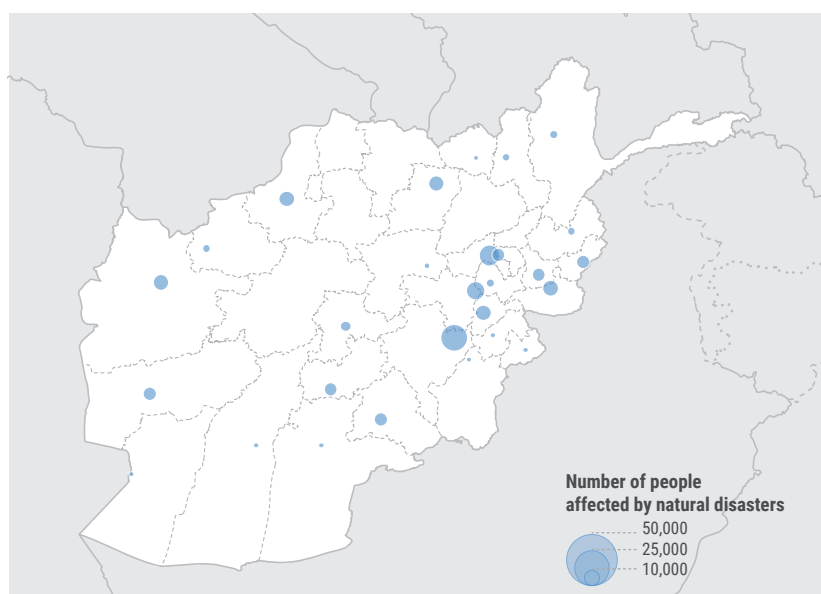


Impact on people: cross-border returns

808,300

returnees from Iran and Pakistan in 2020

Source: IOM, UNHCR, as of 8 December 2020



Impact on people: natural disasters

104,200

affected by sudden-onset natural disasters in 2020

Source: IOM, OCHA, as of 13 December 2020

1.3

Scope of Analysis

Population groups and lenses of analysis

Given the broad scope and depth of needs nationwide, as well as the deteriorating outlook for the coming year, the populations of concern for 2021 will remain the same as those used included in the COVID-19 revision to 2020 HRP in June 2020:

- Internally Displaced People
- Shock-Affected Non-Displaced People (including disaster-affected people, trauma cases and COVID-19 hospitalisations)
- Vulnerable People with Humanitarian Needs (including protracted IDPs)
- Cross-Border Returnees
- Refugees and Asylum Seekers

These five population groups have been further articulated in sub-groups to support people in need (PiN) calculations and facilitate enhanced reporting. HNO needs figures are disaggregated and analysed in a number of ways including through the following lenses: sectoral needs, inter-sectoral needs, severity and geographic spread of needs, the specific needs of men, women, children, people with disability, the elderly and people with mental health issues.

The joint focus on those needing emergency assistance as a result of conflict and disasters, in addition to “vulnerable people with humanitarian needs” reflects the decision by the HCT in 2019 to expand the

scope of humanitarian action in Afghanistan to include a wider range of people with ongoing need for support, as well as people who require resilience and recovery assistance to prevent them from slipping into more severe humanitarian need. The economic and social ramifications of COVID-19 have reinforced the decision to include these expanded population groups within the scope of humanitarian action, particularly for the almost five million IDPs who have been displaced since 2012 and have not returned to their homes.

The cross-cutting nature of the COVID-19 pandemic has accelerated engagement between humanitarian and development actors and has created space to work on a common needs analysis. The first of these was published in the June 2020 revision to the HRP. The updated 2021 common needs analysis (see page 46) identifies approximately 30.5 million people in need of some form of social assistance in 2021, as distinct from the more expansive social safety net concept exceptionally used for the COVID-revision in June 2020. From the 30.5 million people, 18.4m are already in humanitarian need, the rest remain outside the scope of 2021 humanitarian planning and will be in need of broader assistance from development actors and the Government, underlining the reality that humanitarian action is just the first part of a more comprehensive package of urgent measures to ensure that vulnerable people do not slip into, or into more severe, humanitarian need.

Scope of Analysis Matrix

	Population Groups				
	Internally displaced people	Cross-border returnees	Shock-affected non-displaced people	Vul. people with humanitarian needs	Refugees & asylum seekers
Capital	Yes	Yes	Yes	Yes	Yes
Central Highland	Yes	Yes	Yes	Yes	No
Eastern	Yes	Yes	Yes	Yes	No
North-Eastern	Yes	Yes	Yes	Yes	No
Northern	Yes	Yes	Yes	Yes	No
South Eastern	Yes	Yes	Yes	Yes	Yes
Southern	Yes	Yes	Yes	Yes	No
Western	Yes	Yes	Yes	Yes	No



JALALABAD

Nawman is a 13 year old 6th grade student. He and 19 other civilians were injured in a suicide attack which also wounded his father and one of his brothers. Photo:OCHA/Matteo Minasi

1.4

Humanitarian Conditions and Severity of Needs

1.4.1 Physical and Mental Wellbeing

Death, Injury and Violations of International Law

Widespread, sporadic conflict continues to inflict physical trauma and mental distress, threatening the wellbeing of the people of Afghanistan. Conflict is driving civilian deaths and injuries, destroying life-sustaining civilian infrastructure – including the critical facilities developed to treat physical and mental health needs – and triggering displacement. The pervasive disregard for international law (both Human Rights and Humanitarian) in the conduct of hostilities by all parties to the conflict leaves civilians with few options

to secure their safety as people continue to suffer from indiscriminate attacks, public and private lands are left littered with ERW, and civilians are blocked from accessing life-saving aid.

While UNAMA documented the lowest number of civilian casualties in the first nine months of 2020 since 2012,⁹⁷ the conflict in Afghanistan remains one of the deadliest in the world for civilians.⁹⁸ The majority of civilian casualties continue to be from ground engagements where the use of indirect fire (mortars,

rockets, and grenades) in populated areas makes it impossible for civilians to avoid conflict areas. In a worrying trend, the number of civilian casualties from PPIEDs saw a 44 per cent increase in the first nine months of 2020, in comparison to the same period in 2019; the number of civilians killed by them has more than doubled. The increased use of indiscriminate victim-activated PPIEDs indicates blatant disregard for civilian life in the conduct of hostilities and consistent willingness by NSAGs to breach international norms.⁹⁹ Beyond their immediate impact, these tactics sow fear amongst families and limit their willingness to move freely to access assistance, tend to routine medical needs, or enrol children in schools. Before choosing to seek assistance, conflict forces people to weigh additional dangers, including the possibility of mined roads and IEDs;¹⁰⁰ ground fighting; targeted attacks;¹⁰¹ checkpoints; harassment, criminality; and insecurity at night.

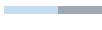
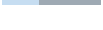
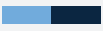
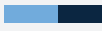
With little indication a cessation of hostilities or a sustained humanitarian ceasefire is on the horizon in 2021, it is estimated that as many as 310,500 trauma cases will require emergency medical treatment as a result of continued and escalating conflict.¹⁰² While health partners have invested heavily in extending trauma care to rural areas and closer to conflict lines,

under-investment in follow-on rehabilitative facilities and services has left many of those who do survive to suffer from severe, life-altering disabilities.¹⁰³ In 2020, COVID-19 severely interrupted these kinds of rehabilitative and prosthetics services, slowing the recovery of those with disabilities and prolonging their suffering. This backlog will have lingering effects into 2021.

Health – Conflict and COVID-19

Conflict, COVID-19 and under-investment in infrastructure are all driving health needs and are preventing affected people from receiving timely access to safe, sufficiently-equipped health facilities and services. At the same time, active conflict and the intentional targeting of health facilities and staff by parties to the conflict has led to the periodic, prolonged, or permanent closure of critical health facilities, impacting as many as 1.2 million people across at least 17 provinces in the first ten months of 2020.¹⁰⁴ Between January and October 2020, direct targeted attacks on health facilities and health workers constituted 78 per cent of all attacks on health care.¹⁰⁵ According to a report by MSF, the indirect consequence of these attacks is the creation of a climate of fear among patients, often resulting in delayed seeking of health services, especially for non-emergency

Most vulnerable groups

VULNERABLE GROUP	PEOPLE IN NEED	BY GENDER (%) WOMEN MEN	BY AGE (%) CHILDREN ADULTS	ASSOCIATED FACTORS
Internally displaced people	500K	50 50 	62 38 	Conflict, natural disasters
Cross-border returnees	714K	21 79 	28 72 	Economic factors, COVID-19, protection environment
Shock-affected non-displaced people	705K	39 61 	39 61 	Natural disasters
■ Natural disaster-affected	200K	49 51 	54 46 	COVID-19
■ COVID-19 hospitalisations	194K	31 69 	07 93 	Conflict
■ Conflict-affected non-displaced people	310K	37 63 	30 70 	
Vulnerable people with humanitarian needs	16.9M	49 51 	54 46 	Food insecurity & deteriorating livelihoods, malnutrition and access to services, debt
Refugees and asylum seekers	72K	51 49 	59 41 	Protection concerns, lack of durable solutions, food insecurity and access to services

problems, and diminished health outcomes.¹⁰⁶ In addition to immediate suffering, this has serious implications for the country's long-term development and prosperity.

The onset of the COVID-19 pandemic has overwhelmed the country's fragile health system, requiring a rapid re-orientation of public health priorities and resourcing, and resulting in cascading impacts on the short- and longer-term health of the population. Despite the scale-up in COVID-19 prevention and response activities in 2020, a joint MoPH, Johns Hopkins, WHO study extrapolated that approximately one third of the population may have caught COVID-19 by June 2020. According to the same study, Kabul had the highest estimated proportion of infections (53 per cent),¹⁰⁷ women were slightly more impacted than men,¹⁰⁸ adults had been more impacted than children,¹⁰⁹ and urban centres were harder hit than rural areas.¹¹⁰ While only an estimation, these figures support assumptions that official confirmed case numbers are a gross under-estimation of the impact across the country.

Heading into a second wave of the pandemic, official figures indicate that by mid-December 2020, just over 2,000 people had died due to COVID-19 since the start of the year. However, due to limited public health resources and testing capacity, lack of people coming forward for testing, as well as the absence of a national death register, these official figures are most useful as an indicator of trends only. Additional resources to expand current community engagement, surveillance, and contact tracing efforts, equip medical facilities and frontline staff with PPE, and support expanded testing and rollout of anticipated vaccines are urgently needed in 2021. While 2,000 beds have been made available for isolation and intensive care, medical equipment has been provided for 1,642 isolation beds, 1,778 oxygen concentrator machines have been supplied and some 98 ventilators have been delivered,¹¹¹ this is only sufficient to cover a small fraction of needs in a country of 40.4 million people. WHO notes that when health systems like Afghanistan's are overwhelmed, deaths, both as a direct result of the outbreak and resulting from other preventable and treatable conditions, increase dramatically. The pandemic has seen a heavier

prioritisation both in terms of policy and funding on pandemic-related activities, at the expense of more durable system-strengthening interventions that are required across the health system to improve outcomes. The imperative to shift health resources to pandemic response, preparedness, and prevention activities, combined with movement restrictions intended to mitigate against the spread of the virus has inadvertently resulted in a de-prioritisation of other critical health activities, such as routine screening for PLW or treatment of chronic illnesses, with long-term consequences.

The need to ensure social distancing also affected critical non-COVID programming. For example, COVID-19 has exacerbated GBV in the country. With 32 per cent of women who are victims of GBV having significant physical injury, inability to access health care for GBV-related needs may have detrimental consequences on their survival. Similarly, the emergency response to COVID-19 also means that resources for sexual and reproductive health services may have been diverted to deal with the outbreak, contributing to a rise in maternal and newborn mortality, increased unmet need for contraception, and increased numbers of unsafe abortions and sexually transmitted infections. The temporary suspension of the polio vaccination campaign between February and August 2020 resulted in 9.9 million children missing out on vaccination; already 53 new cases of polio have been verified in Afghanistan in 2020.¹¹² This compounded the effect of existing bans on house-to-house vaccinations in Taliban controlled areas, which have led to increased cases in these parts of the country. An estimated 14,840 children have missed out on critical treatment for SAM due to parents' fear of attending fixed facilities, exacerbating already elevated levels of malnutrition in the country.

While the direct and indirect impacts of conflict and COVID-19 on healthcare have been felt by the entire country, 2020 WoA Assessment findings indicate that disruption to the healthcare system may have a greater effect on households headed by the disabled, the elderly, and by women. Healthcare costs remain a predominant part of household budgets with 85 per cent of displaced households reporting they had

spent money from their limited reserves on healthcare in the past 30 days. The proportion was even high for households headed by a person with a disability (94 per cent) and by women (93 per cent) with regard to their spending on healthcare. Meanwhile, the average amount of healthcare spending¹¹³ is highest among households headed by a person with a disability; 2800 AFN (approximately \$36.34) compared to 2300 AFN (approximately \$29.85) for others. This is a substantial burden when factoring in that 93 per cent of the population is living on less than \$2 per day. Physical access is another barrier.

Given the health and economic impacts of COVID-19, the need for a vaccine to be urgently rolled-out cannot be overstated. While planning is well advanced in-country, it seems unlikely that universal vaccination will be possible in 2021, meaning that virus risks will remain part of the operating context for the foreseeable future. Initial efforts to rollout the vaccine to vulnerable people and frontline workers in 2021 will help support the health system to cope with this ongoing threat. There is also a strong need for people to get vaccinated against influenza over the 2020-2021 winter in order to free-up hospital capacity to treat acute COVID-19 patients.

Disability

According to Human Rights Watch, four decades of war has left Afghanistan with one of the world's highest per capita populations of people with disabilities, including many with amputations, vision or hearing problems.¹¹⁴ Analysis by the Asia Foundation further elaborates, indicating that 79 per cent of adults and 17 per cent of children are estimated to live with some form of disability, while 8.9 per cent of the population live with a severe disability.¹¹⁵ Severe disability is more prevalent in women (14.9 per cent) than men (12.6 per cent). Children are also affected with 17.3 per cent of children aged 2-17 having a mild, moderate, or severe disability. The incidence of severe disabilities among adults and children, which stood at 2.7 per cent in 2005, rose steeply to 13.9 per cent in 2019, potentially as a result of better counting but also because of persistent conflict.¹¹⁶

According to the 2020 WoA analysis, self-reported disability prevalence among displaced households is higher than national averages; between 8 and 17 per cent of assessed households reported having a member with a disability.¹¹⁷ This was based on use of the Washington Group short set of questions that are aimed at understanding disability dimensions and impacts within the household. While disability rates varied little between assessed population groups, households headed by the elderly and by women were more likely to report that a household member or the head of household had a disability, potentially increasing the level of vulnerability of these already-vulnerable groups. A 2019 study conducted by Afghanistan Independent Human Rights Commission into the human rights challenges facing people with disabilities found that 72 per cent of people with a disability who were surveyed were unemployed, only 53 per cent were receiving social security support, 80 per cent had not received a formal education and half faced physical barriers in accessing health services.¹¹⁸

While not all people with a severe disability need humanitarian assistance, those in this category face additional barriers to accessing support when they do, particularly women and girls.¹¹⁹ Though there is no available nationwide data, experience suggests that people with intellectual and psychosocial disabilities are often excluded or under-represented during any humanitarian response. Physical, communication and attitudinal barriers prevent them from accessing humanitarian programmes.

People with disabilities face higher risks and challenges in society, which are further exacerbated in conflict and emergency settings where resources are limited and subject to fierce competition. Afghanistan's repeated natural disasters create higher needs among people with disability who are often more seriously affected because they are not able to flee danger as easily and because formal support systems are not in place to help move them to safety. Disaster can also be a cause of injury that, in turn, contributes to increased numbers of people with disabilities. Globally, it is estimated that for every person who dies during a disaster, three people sustain an injury, often resulting in long-term disabilities.¹²⁰ People

with severe disabilities are especially vulnerable in the COVID-19 context with lockdown measures and movement constraints further limiting their reduced mobility, transport options, as well as access to support services and income generating opportunities. The Afghan Landmine Survivor Organisation also notes that people with disabilities are particularly at-risk to the adverse impacts of COVID-19 because they have restricted access to vital health care, information and opportunities for meaningful participation in decision-making, and face increased risks of experiencing violence.¹²¹ The 2020 WoA findings further elaborate on the real-time impact of these barriers. Displaced households headed by a person with a disability were found to suffer from higher levels of debt,¹²² reported having felt distressed at higher levels than other households,¹²³ and indicated that this distress directly impacts their ability to work. Children with disabilities – especially girls – are also disadvantaged, with parents less likely to pursue their education. An estimated 80 per cent of girls with disabilities are out of school.¹²⁴

Mental Health

Four decades of uninterrupted conflict, recurrent natural disasters, endemic poverty and now the COVID-19 pandemic's fallout have taken a brutal toll on the mental health and personal resilience of the people of Afghanistan. While no comprehensive study has been able to quantify the magnitude of the impact of repeated exposure to traumatic incidents, it is conservatively estimated that over half of the population suffer from some form of depression, anxiety, or post-traumatic stress as a result of these conditions in Afghanistan.¹²⁵

At the same time, access to mental health care or psychosocial support remains out of reach to many, particularly in rural areas. Despite Mental Health and Psychosocial Support Services (MHPSS) being integrated into the national Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS), nationwide only 320 hospital beds in the public and private sector are available for people suffering from mental health problems.¹²⁶ Training gaps are a significant problem for general health staff who may be the entry point for people experiencing

mental health issues. Where services are available, cultural barriers, stigma, and the limited number of female mental health providers often mean that women are excluded from accessing appropriate services, which is particularly problematic as self-reporting by communities indicates that the emotional and mental health of women has been most impacted by the burdens of the pandemic. According to a UN Women and International Rescue Committee (IRC) study, 78 per cent of women surveyed reported that their mental health had been affected by ongoing conflict and compounded by COVID-19.¹²⁷

Analysis by MOPH at the onset of the pandemic indicated a significant intensification of mental health needs amongst a population already struggling with the impact of conflict. According to MoPH analysis,¹²⁸ the initial primary psychological impact of COVID-19 was elevated rates of stress or anxiety. With the implementation of movement restrictions across the country, however, MoPH anticipated a strong likelihood of increased levels of loneliness, depression, harmful drug use, and self-harm or suicidal behaviour. MoPH notes that issues of access to services for newly impacted people and continuity of care for people with developing or existing mental health conditions, along with the mental health and wellbeing of frontline workers, have become major concerns.¹²⁹

In the absence of updated national statistics, the 2020 WoA Assessment attempted to provide some measurement of the recent trajectory of mental health issues in the community by asking household heads whether family members had experienced various types of behavioural change (a proxy for emerging mental health problems) during the year prior to data collection. Assessment findings indicate that across population groups, between 58 per cent and 71 per cent of assessed households reported that one or more members of the household had experienced at least one behaviour change in the past year. While the impact of these changes is varied, 62 per cent of displaced households report that the head of household felt so upset or distressed that it affected their ability to work or carry out household chores over the two weeks prior to data collection. As poverty or financial stress were cited as the most frequent cause

of behaviour change – particularly for vulnerable, non-displaced households at 71 per cent¹³⁰ - this creates potential for a vicious cycle in which feelings of distress and inability to find work become mutually reinforcing. This risk was particularly high among households headed by people with a disability. When taking into account interviews with other household members, 64 per cent of households indicated changes of behaviour by individuals in the household over the past year, including angry or aggressive or violent behaviour (47 per cent), social withdrawal or inability to be alone (24 per cent), loss of appetite (23 per cent), avoiding going to work (17 per cent), and bed wetting (6 per cent).

Food Security

Afghanistan is facing a severe food insecurity crisis with levels now rivalling the devastating 2018-2019 drought and the world's second highest IPC 4 population with 5.5m people in emergency food insecurity. The updated IPC analysis published in November 2020 shows the food security situation has further deteriorated during COVID-19 due to a confluence of factors including: reduced daily wage opportunities and small trader income, ongoing conflict leading to displacement and loss of livelihood, higher than usual prices for key commodities, and floods.

An estimated 16.9 million people, or 42 per cent of the population are assessed to be in crisis or emergency levels of food insecurity (IPC 3+) for November 2020 - March 2021.¹³¹ This represents a sharp increase from the preceding June to November 2020 cycle where 33 per cent of the population were in IPC 3 and 4 food insecurity - numbers that were already elevated by the early stages of COVID-19 compared to previous years. This means there has been a staggering nine per cent jump in the proportion of the population facing acute food insecurity since the onset of the COVID-19 crisis.¹³² COVID-19 has resulted in increasing food insecurity among urban residents where the impacts of the pandemic on employment and health have been most severe.

Food insecurity and livelihoods in urban areas have deteriorated severely over the past year with 40 per cent of households reporting a poor food consumption

score in the 2020 data collection compared to 16 per cent in 2019. At the same time the percentage of urban households using emergency coping strategies has gone from 11.7 per cent in 2019 to 30 per cent in the second half of 2020.¹³³ In rural areas, agricultural production remains one of the primary sources of livelihood and has also seen a dramatic downturn in production during 2020. The domestic wheat harvest left a deficit of 1.3 million MT¹³⁴ forcing farming families to cover the rest of their food needs through other external sources – savings, sale of productive assets and livestock, borrowing food, working for food, and sending household members out of the country to work and send money back. In a country still rebounding from the 2018-2019 drought, 2019 flooding and now facing an anticipated drier 2020-2021 winter season due to La Niña, the situation for farmers remains fragile. Current projections indicate the most severe food insecurity is in Badakhshan, Nuristan, Samangan, Urzughan, Daykundi, Ghor, and Badghis provinces, as well as the urban centres of Hirat, Kandahar and Maymana.

To further triangulate food security needs, the WoA Assessment analysed household hunger scores.¹³⁵ An elevated prevalence of high and medium household hunger scores and growing use of negative coping mechanisms suggests that food and nutrition needs are common across all population groups assessed by the 2020 WoA Assessment, with recent IDPs, refugees, displaced households headed by women and people with a disability exhibiting indications of elevated levels of need. Among displaced populations, households headed by women and people with a disability may have the greatest hunger needs. Almost half households headed by a person with a disability (49 per cent) and by women (46 per cent) were classified as having moderate or severe hunger, compared to 39 per cent of all displaced households.¹³⁶

At the same time, household hunger is not distributed evenly across provinces. The worst provinces for household hunger appear to be Parwan (with 86 per cent of displaced households classified as having moderate or severe hunger), Faryab (80 per cent), Nimroz (74 per cent), and Sar-e-Pul (63 per cent), with Sar-e-Pul having the greatest proportion of displaced households classified as having severe hunger.

Although, it should be noted that the result for Parwan was most likely skewed by the timing of data gathering which coincided with severe flooding in this location, elevating needs at that particular time.

Malnutrition

Nearly one in two children under five (3.1 million children out of 7 million) and one in four PLW is now facing acute malnutrition and requires life-saving treatment services. In a deteriorating trend from the beginning of the year, findings of the most recent nutrition surveys show that 27 out of 34 provinces¹³⁷ are now within the emergency threshold for acute malnutrition. Recent analysis by the Nutrition cluster revealed an increase of 13 per cent in cases of SAM. Additionally, a staggering 15.3 per cent of infants under six months are affected by wasting, 6.2 per cent of whom are severely wasted.¹³⁸

This sharp decline in nutritional status partly stems from the surge in acute food insecurity over recent years, forced displacement, low access to health services (physical accessibility and distance to nutrition services), poor access to water and sanitation, combined with poor maternal nutrition, high levels of stunting, low immunisation coverage and a high overall disease burden. Poor feeding practices of infants and young children are also contributing factors. Roughly 14 per cent of all acute malnourishment in Afghanistan is due to COVID-19.¹³⁹

Nutrition treatment was compromised due to COVID-19 movement restrictions in 2020, in addition to low turnout as a result of community fears of catching the virus in nutrition treatment facilities that are often co-located in health centres. Analysis from MOPH's nutrition database showed a 33 per cent decrease in admissions for treatment of SAM within health centres – 'inpatient' treatment – and a three per cent decrease in 'outpatient' treatment in November 2020.¹⁴⁰ Efforts were made to cover this gap through the use of mobile teams but these are expensive and unable to cover the same volume of patients, with flow-on effects for 2021 needs. As a result, 5.36 million children and women will need emergency nutrition assistance to avoid preventable health complications and prevent morbidity and mortality in 2021. This is

a 16 per cent increase in needs since June 2020 – a dramatic and worrying escalation in such a short time by global standards.

Children

Children throughout Afghanistan continue to face pervasive violence and a range of protection risks. Child casualties amounted to 31 per cent of all civilian casualties in the first 9 months of 2020.¹⁴¹ Grave child rights violations are a significant concern, with children in Afghanistan consistently killed and injured, recruited and used in hostilities, detained, abducted, made victims sexual violence, exposed to deliberate attacks on schools and hospitals, and denied humanitarian assistance by parties to the conflict. From July 2019 to June 2020, the UN verified 1,497 such violations against children, including 1,164 incidents of killing and maiming, 155 attacks on schools and across 16 provinces, and 326 children recruited to armed forces and groups across 31 provinces.¹⁴² Attacks on schools have undermined the right of children to a safe learning environment, compromising their physical and psychological wellbeing. While these figures are likely to be a gross under-estimation of violations against children and cannot capture the full scope of child-related protection concerns, the numbers highlight persistent worsening trends facing one of the country's most vulnerable demographics.

The economic, psychological and social stress from the COVID-19 pandemic has exacerbated risks for children with recruitment into armed groups, child marriage and child labour all on the rise.¹⁴³ COVID-19 has quickly changed the context in which children live. Quarantine measures, school closures and restrictions on movement have disrupted children's routine and social support structures, while also placing new stressors on parents and caregivers who often have to find new childcare options or forgo work. Stigma and discrimination related to COVID-19 may make children more vulnerable to violence and psychosocial distress.¹⁴⁴ Of the 18 per cent of households who reported a change in behaviour (indicating a sign of distress/mental health problems) in the 2020 WoA assessment, half reported angry, aggressive and violent behaviour change due to poverty and distress,

which increases the risk that children experience greater levels of domestic and GBV in their homes.

Women

The confluence of escalating conflict, natural disasters, COVID-19 and related interruptions or unavailability of services have increased the severity of existing gender gaps affecting women and girls in general, but specifically for women IDPs, women and girls with disabilities, older women, women-headed households, and women living in rural and remote areas. The outbreak of COVID-19 has amplified pre-existing gender inequalities driven by harmful gender norms and stereotypes. It has particularly impacted women who have suffered a decrease in income-generating opportunities, which has put at risk their access to essential services such as healthcare, food, water, and protection.¹⁴⁵

Afghanistan consistently ranks as one of the most dangerous places to be a woman,¹⁴⁶ with deeply entrenched patriarchal norms and 87 per cent of women likely to experience GBV in their lifetime.¹⁴⁷ Even before COVID-19, nearly 20 per cent of Afghan people perceived violence as the biggest problem facing women.¹⁴⁸ Patriarchal norms, which are prevalent throughout the whole country, cause violence against and restrict the movements of women outside of the home. This is especially true outside the major centres in non-government controlled areas (NGCA). As a result, women are blocked from seeking and accessing a range of life-saving services such as critical healthcare, including sexual and reproductive health care, leading to some of the highest maternal mortality rates in the world.¹⁴⁹ The focus on pandemic-related health priorities, at the expense of issues such as sexual and reproductive health, is also likely to have further worsened this situation. GBV responders also report that women and girls often do not feel safe or comfortable seeking GBV services, whether due to stigma of being a GBV survivor, fear of retaliation, lack of confidentiality or other reasons. Almost a quarter (22 per cent) of key informants interviewed in hard-

to-reach areas report that women and children avoid health facilities for security reasons, further reducing the easy availability of care.¹⁵⁰ Women in displacement are particularly vulnerable. In the WoA Assessment, 39 per cent of displaced households reported areas in or around their home where women and girls feel unsafe.

The pandemic has only added to the fear and violence experienced by a majority of women and girls in Afghanistan. A telling 97 per cent of female respondents reported to a needs assessment conducted by OXFAM, of over 600 households, covering 20 districts, carried out in April 2020, reported that they thought there was an increase in GBV since the start of the COVID-19 pandemic, a threat which will not fade quickly given a second wave is already underway.¹⁵¹ A separate Oxfam and War Child assessment¹⁵² shows a 35 per cent increase in GBV during the pandemic, including a 91 per cent rise in verbal abuse and a 55 per cent increase in physical abuse. UN Women Gender Alerts and the UN Women/ IRC KAP survey¹⁵³ further highlight that the needs of IDP and cross-border returnee women are particularly high, with reports of denial of access to life-saving services and discrimination affecting those already living in vulnerable situations, such as older women, and women and girls living with disabilities.

Women are also victims of the conflict. In the first 9 months of 2020, 746 female casualties were recorded (251 killed and 495 injured) which amounts to 13 per cent of overall civilians casualties.

Prior to the pandemic, humanitarians estimated that 3.6 million women and girls would need life-saving GBV services in 2020, such as psychosocial support, GBV case management, legal assistance, community mobilisation for awareness and to facilitate access to referrals, dignity kits and prevention and risk mitigation efforts. With the onset of the pandemic and its follow-on impacts that are disproportionately impacting on women and girls, that number has more than doubled to 7.4 million in 2021.

1.4.2 Living Conditions

Already fragile and under-developed systems across Afghanistan have been further disrupted due to the ongoing conflict, recurrent natural disasters and the pandemic, directly impacting people's access to quality healthcare, education, housing, markets and WASH systems. Effects on these systems likely create sectoral needs, but also may create needs across sectors, reducing people's dignity, compounding vulnerability and creating self-reinforcing cycles of suffering. Daily life is also dominated by fear both because of the dangers of moving around a war zone but also fear over catching COVID-19 and the related financial stress facing many households.

Fear

The uncertainty that comes from sporadic conflict and indiscriminate terror attacks, recurrent displacement, unseen explosives, and now a new virus, has fostered a pervasive sense of fear amongst vulnerable groups in Afghanistan and impacted their willingness and ability to participate in society, access services and seek income-generating opportunities. While many Afghans feel that peace is achievable in the next two years, many also remain deeply worried about the future and are concerned over further sacrifices that may be made to obtain peace, including in terms of women's rights.¹⁵⁴ Amongst a myriad of other issues, a negotiated peace will have the monumental task of resolving complicated issues such as the disarmament, demobilisation and reintegration of Taliban fighters, state reformation, constitutional amendments, reconciliation between previous warring parties and the civilians impacted by their violence, ceasefire terms, and the preservation of gains in women's rights.¹⁵⁵

On a more individual level, households continue to contend with a daily process of weighing the risks associated with leaving their homes and the need to access basic services, including the risks related to explosive hazards. The 2020 WoA Assessment finds that both displaced and non-displaced households are overwhelmingly dealing with feelings of distress.¹⁵⁶ These feelings are particularly common among refugee heads of household, with 92 per cent reporting that

they had experienced distress in the two weeks prior to data collection.

On top of other environmental challenges, fear of COVID-19 and its economic consequences has become a critical driver for households in deciding whether to displace, whether to seek services, or whether to exercise freedom of movement within people's own communities. Of the recent returnees who independently decided to cross back into Afghanistan, 30 per cent reported fear of COVID-19 as the primary motivator when asked as part of the WoA Assessment.¹⁵⁷ According to WHO people have avoided seeking non-COVID-19 medical care for fear of catching the virus at medical facilities, leading to an overall decrease in health-care utilisation. For example, antenatal care has reduced by 21 per cent as compared to 2019. Nutrition treatment services have seen similar trends; analysis from the MOPH nutrition database showed a 33 per cent decrease in admissions for SAM treatment within health centres – 'inpatient' treatment – and a three per cent decrease in 'outpatient' treatment in November 2020. Asia Foundation perception survey findings indicate that even with the lifting of the Government's COVID-19 restrictions, 61 per cent of respondents remained concerned about visiting a healthcare facility, 59 per cent with attending funerals and religious functions, 59 per cent with attending school, 58 per cent with travelling outside of the local area to visit family, 57 per cent with engaging in community activities, and 55 per cent with going to work.¹⁵⁸

Fear of COVID-19 is also leading to stigmatisation of people who are often baselessly assumed to be carrying the disease to communities.¹⁵⁹ This is particularly true for those who have returned from Iran where COVID-19 rates were reported to be exceptionally high, especially during the first half of the year when the virus was first taking hold. The Protection Cluster further highlights that COVID-19 has added to the uncertainty, increased vulnerability and extreme distress of children and their families. This includes returnee and deportee children who face discrimination in Afghanistan after returning from abroad and children who have lost

their care-givers due to COVID-19 who then face the additional hardship of rejection or stigmatisation. In turn, stigma and discrimination related to COVID-19 may make children more vulnerable to violence and psychosocial distress.¹⁶⁰

Access to Health

Despite substantial investment and scale-up of critical services through BPHS providers, mobile health teams and the establishment of trauma posts, easy access to critical care remains out of reach for many of the most vulnerable. According to WHO, there are approximately 9.4 health professionals for every 10,000 people in Afghanistan, of which only 1.9 are doctors.¹⁶¹ This falls dramatically below the minimum density threshold of 34.5 skilled health professionals per 10,000 people identified by WHO as being needed to provide the most basic health coverage. Things are particularly challenging in hard-to-reach areas where 27 per cent of assessed settlements report they do not have a comprehensive health centre and 69 per cent report no access to medicine.¹⁶² While most vulnerable households assessed in the 2020 WoA indicated they do have access to a health facility,¹⁶³ many report having to walk over an hour to reach the nearest facility. Long distances are particularly noted by non-recent returnee households and recent IDPs¹⁶⁴ and present an exceptional barrier to elderly headed households and women given the cost of transport, the dangers of moving around in conflict zones and social barriers to female travel.

While the policy of the Government of Afghanistan is to make healthcare universally accessible, a report by Médecins Sans Frontières (MSF) finds that the reduction in international funding for public health has left a funding gap that is increasingly filled through “user fees.”¹⁶⁵ Despite the serious barriers to healthcare facing many Afghans, a cost recovery approach, implemented through the collection of user fees in some public secondary and tertiary medical facilities in the country, started to be enforced in December 2018. The informal, yet widespread application of user fees appears to be a primary barrier to access to healthcare. The WoA Assessment found that 82 per cent of households reported paying for healthcare,

with particularly high rates among refugees (92 per cent). Among assessed populations, average spending on healthcare in the previous three months was reported to be 2,345 AFN/\$30.50. Nation-wide post distribution monitoring (PDM) carried out amongst displaced populations supported by the Emergency Response Mechanism (ERM) indicated significant barriers to healthcare including: cost of medicines (76 per cent), cost of care (56 per cent), and the cost of transportation to and from the facilities (34 per cent).¹⁶⁶ A quarter of the respondents also reported that healthcare facilities had insufficient capacity (25 per cent), and that the distance from their shelter was a barrier (24 per cent).¹⁶⁷

In addition to care at health facilities, an overwhelming 80 per cent of those surveyed by the Asia Foundation as part of their national perceptions survey in 2020 said the cost of medications had increased in the past 12 months. People in the south east (83 per cent) said that the cost of medicine has risen.

While the impact of COVID-19 on health-seeking behaviours has been noted above, COVID-19 has also impacted the ability of providers to offer services in a socially distanced and safe manner. For example, the country’s biggest disability therapy and prosthetics service run by the International Committee of the Red Cross (ICRC) in Kabul, with satellite hospitals in other parts of the country, was forced to scale-down its services during COVID. In a normal year, the service treats approximately 3,300 patients, providing them with physical therapy, life-changing prosthetics and opportunities to engage in sport. In 2020, the service scaled-down due to social distancing requirements and reached only 1,810 clients. While the service is now back up and running with COVID-safe measures in place, the consequences of unmet needs for these services in 2020 will flow into 2021. Attempts to overcome changes in health-seeking behaviour and social distancing requirements by delivering mobile services have been made across the response, however these are more expensive than fixed facilities and are not able to reach the same number of people with the same depth of assistance. This also has flow-on implications for needs in 2021.

Access to Shelter and WASH

Pre-existing shelter and Non-Food Item (NFI) needs driven by decades of conflict, recurrent natural disasters and the sustained erosion of communities' resilience have been further compounded by the outbreak of COVID-19 and the implementation of related containment measures in 2020. As a result, safe, warm and secure shelter remains out of reach for many vulnerable families. Across the country, the need for new or improved shelter is reported by affected populations as their second highest priority need after food.¹⁶⁸ Emergency and transitional shelter needs remain high, particularly among new and longer-term IDPs, refugees¹⁶⁹ and returnees who require core emergency shelter assistance, as well as longer-term shelter to recover and establish a stable and safe place to live. According to averaged Household Emergency Assessment Tool (HEAT)¹⁷⁰ assessments in 2020, 64 per cent of immediately shock-affected households reported living in makeshift shelters (including both mud houses and tents). Some regional and provincial variations were revealed. In Badghis, Bamyan, Ghor, Hilmand, Kandahar, Khost, Laghman, Logar, Nangarhar, Paktika, and Sar-e-Pul, the use of makeshift shelters is much higher than the national average, with 9 out of 10 respondents reporting they were living in these sub-standard conditions.

Reported dependence on verbal rental agreements and high rent burdens, especially among women-headed and recent-IDP households have contributed to increased shelter insecurity and economic fragility among households.¹⁷¹ For example, 14 per cent of displaced households and 37 per cent of refugees reported having no tenancy agreement. Potentially compounding vulnerability, 53 per cent of women-headed households reported having only a verbal rental agreement, compared to 36 per cent of male-headed households. This insecurity of tenure is particularly concerning in informal settlements on the fringes of urban centres where many IDPs and returnees live on private land, paying rent without formal property rights.

Poor shelter as well as a lack of winter clothing and other household items leave people vulnerable to disease and unable to cope with Afghanistan's harsh

winters. Many assessed households, particularly refugee households or those headed by a person with a disability are facing problems with energy and heating heading into the 2020-2021 winter. Seven per cent of refugees reported having no heating source at all for winter – this compares to just under two per cent for every other population group assessed. There are regional variations with 11 per cent of displaced households in Sar-e-Pul, 6 per cent in Hirat, and 6 per cent in Uruzgan reporting that they have no energy source for winter. The type of energy used to warm houses during the harsh winter has also impacted on overall living conditions. Household air pollution is particularly acute during the winter as thousands of families burn plastic, car tyres and raw coal in their stoves for heating. During the last winter 60 per cent of households were unable to heat their shelter sufficiently, with roughly 30 per cent of households resorting to burning plastic or other harmful materials. Women and children are at particular risk of exposure to household air pollution as they stay at home more than men.

Across the country, WASH systems have faced under-investment and disruption, which in turn generates complex needs that only worsen the burden on the health system. While estimates of the country's population have almost doubled over the last twenty years, safe drinking water coverage in Afghanistan continues to be limited and is still among the lowest in the world. Decades of conflict and repeated sudden-onset natural disasters have damaged the limited infrastructure that does exist. The 73 per cent of the population who live in rural areas are the most affected by the lack of access to safe drinking water, sanitation and hygiene services, where open defecation is still widespread and hand washing with soap at critical times is infrequently practiced. Acute Watery Diarrhoea (AWD) appears at high rates among infants, especially among households headed by women and people with a disability.¹⁷² In addition, households headed by a person with a disability may face higher hygiene needs, as only 58 per cent report having sufficient quantities of water for handwashing (compared to 67 per cent of other households). Refugees reported particularly high sanitation needs¹⁷³ that could put already vulnerable groups at greater risk amid the second wave of

COVID-19, further disrupting the already-strained healthcare system.

Access to Education

While the education system was significantly disrupted by COVID-19 in 2020, it faced challenges even before the outbreak, which are likely to be compounded when schools attempt to fully re-open in 2021. Among people surveyed by the WoA Assessment, only 52 per cent of boys and 41 per cent of girls were enrolled in school or CBE prior to the introduction of school closures for COVID-19. Enrolment rates among IDP, cross-border returnee and refugee children were even worse with 67 per cent of school-aged girls and 55 per cent of school-aged boys out of school. Less than a quarter (22 per cent) of displaced households reported that their children attended school fewer than four days a week prior to the COVID-19 outbreak, compared to 11 per cent of refugee households and 8 per cent of vulnerable non-displaced households. Distance to schools and auxiliary education costs were the most frequently cited barriers for shock-affected children to access education.¹⁷⁴ Across all demographics, girls are disproportionately denied educational opportunities. Their access to education is limited by cultural factors and the scarcity of qualified female teachers, especially in remote and hard-to-reach areas. The absence of female teachers dissuades parents from sending their girls to school as cultural norms promote a same-sex teaching-learning process. The absence of girls due to the lack of female teachers creates a self-perpetuating cycle, with few girls able to qualify to become teachers in the future, creating potential generational consequences.

The frequent targeting of schools by armed groups¹⁷⁵ further disincentivises families from sending children to school with risks of potential violence and IEDs en route too high a price for many parents. With the onset of COVID-19 and restrictions designed to slow the spread of the virus, the limited access to education that did exist was shuttered for more than six months for more than 10 million children, leaving them with education deficits and catch-up learning needs. While efforts were made to provide distance education options – through TV and radio – during the school

closure period in 2020, many children, especially those living in remote and hard-to-reach areas, had limited access to TV and radio or a regular supply of electricity. Many others were also unaware of the existence of alternative education options. Some 66 per cent of settlements in the 120 most inaccessible districts of Afghanistan reported not knowing about alternative educational options,¹⁷⁶ while 44 per cent of key informants in informal settlements across Afghanistan reported no alternative forms of education being available once schools were closed.¹⁷⁷ The constant interruptions to education due to conflict, displacement and COVID-19, as well as the inadequate availability of schools and teachers have grave consequences for children's capacity to thrive and find work into the future.

Lack of handwashing stations makes physical distancing challenging when children eventually do regularly return to school fulltime. Approximately 33 per cent of schools (or nearly 6,000 schools, serving 2.3 million students) lack water and WASH facilities that are critical to keep children safe from COVID-19.¹⁷⁸ Only 38 per cent of recent returnees and 34 per cent of non-recent returnees,¹⁷⁹ reported that they had a child in a school with handwashing facilities.¹⁸⁰

In 2021, it is anticipated that 2.6 million children will need emergency education assistance.

Access to Markets

Despite years of conflict, intermittent closures due to COVID-19 and a temporary closure of borders stopping the cross-border movement of commercial goods, markets in Afghanistan remain remarkably functional and able to meet consumer demands. However, the impact of COVID-19 has pushed the price of staple goods higher and purchasing power down, diminishing people's ability to buy enough food to meet basic nutritional needs. According to WFP's market monitoring, as of 3 December 2020, the average wheat flour price (low price and high price) increased by more than 11 per cent between 14 March and 2 December, while the cost of pulses, sugar, cooking oil and rice (low quality) increased by 21 per cent, 19 per cent, 36 per cent, and 21 per cent, respectively, over

the same period. This price increase is accompanied by declining purchasing power of casual labourers and pastoralists – which have deteriorated by 13 per cent and almost 16 per cent respectively (compared to 14 March).

JMMI October 2020 data shows that, at the national level, an average of 61 per cent of key informants reported that consumers had at least one barrier to accessing markets. This number is pushed up to 88 per cent in the east. The main reasons given for these market barriers include insecurity while travelling to

the market (24 per cent), financial barriers (23 per cent), and fear of exposure to COVID-19 and public health restrictions (18 per cent). Among the security challenges reported, navigating explosive hazards has been particularly highlighted in Samangan and Uruzgan where up to 70 per cent of key informants reported the presence of explosive hazards as barrier.¹⁸¹ Challenges for women to access markets remain, with four per cent of key informants reporting that women have no access and 36 per cent reporting they have access only when accompanied by a man.

1.4.3 Coping mechanisms

Access to Livelihoods

Prior to the COVID-19 outbreak, the majority of vulnerable people in Afghanistan relied on the informal sector for employment, leaving them to depend on unstable and irregular sources of income to support their household's basic needs. The 2020 WoA analysis indicates sources of income spanned both sustainable and unsustainable categories of work¹⁸² – day labour without a contract was the most frequently reported source of income for displaced households (74 per cent), followed by agriculture (22 per cent), borrowing money (16 per cent), small businesses (12 per cent), and livestock (10 per cent). Employment profiles were similar for vulnerable non-displaced households as well. Even before COVID-19 related lockdown measures were introduced, the availability of regular work was low. Across different population groups between 25 and 44 per cent of 2020 WoA-assessed households reported that they could not find work for 5 or more days per week before the COVID-19 lockdown; while 8-12 per cent of assessed households reported they could not find work at all.

With the onset of COVID-19 and restrictions on movement, informal employment opportunities largely dried up, resulting in overwhelming loss of income sources and decreased access to food. The consequences were particularly acute in urban areas. Results from the SFSA in August first revealed the heavy impact of COVID-19 on incomes. A staggering

59 per cent of households reported reduced income and 55 per cent of households reported loss of employment.¹⁸³

Of key informants assessed as part of separate informal settlements data collection efforts, 51 per cent reported that work had completely stopped for most residents.¹⁸⁴ Since the lifting of movement restrictions, assessed households report that work patterns have improved little – when asked about the period before lockdown and the last 30 days before data collection in May-June 2020, variations were minimal for all population groups.¹⁸⁵ However, data suggested that households headed by women found it even harder for someone in their household to find work after the lockdown was lifted in August and September 2020, suggesting livelihood impacts are severe and long-lasting. While 86 per cent of surveyed populations reported that 1 or more adult was able to find work 1 or more days across all population groups (including disabled- and elderly-headed displaced households), this was only true for 77 per cent of female-headed households, indicating the disproportionate impact on women. The death and sickness of male breadwinners has also placed increased pressure on family incomes, given the limited options available to women.

Reliance on dangerous coping strategies

The contraction in income-generating livelihood opportunities and the sale of income-generating assets to meet immediate needs has resulted in widespread utilisation of increasingly desperate coping strategies. Almost three quarters (72 per cent) of WoA-assessed households were categorised as using livelihood coping strategies (LCS) at “stress”, “emergency”, and “crisis” levels.¹⁸⁶ The crisis or emergency use of livelihood coping strategies¹⁸⁷ was particularly high for recent IDPs, indicating fewer safety nets to fall back on in places of displacement.¹⁸⁸ Predictably, households headed by a person with a disability or refugees, for whom employment opportunities are limited due to documentation and physical access challenges, were found to employ negative coping strategies at elevated levels. Almost two-thirds (63 per cent) of households headed by a person with a disability were classified as being within the “emergency” level of the LCS Index, compared to 40 per cent of other households. In particular, households headed by a person with a disability were more likely to report borrowing money to buy food than other displaced households (92 per cent compared to 83 per cent).

While the WoA Assessment found high use of negative coping strategies by both vulnerable households headed by men and women, the options available to each often differ, with women often having fewer resources and opportunities to draw on in a time of crisis. For example, 66 per cent of households headed by women reported that selling income-generating equipment was not applicable or not available to them (compared to 45 per cent of male-headed households), 69 per cent of households headed by women reported that spending savings was not applicable or not available to them (compared to 45 per cent of male-headed households), 64 per cent of households headed by women reported that selling their last female animals was not an option available to them (compared to 42 per cent of male-headed households), 70 per cent of households headed by women reported that selling land was not applicable or not available to them (compared to 47 per cent of male-headed households).

Income and Debt

Household debt has become a pervasive negative coping mechanism utilised by vulnerable families to survive the impact of the pandemic, ongoing conflict and recurrent natural disasters. Prevalence and scale of indebtedness has increased considerably for all population groups in 2020 compared to 2019. This increase appears to be most severe for refugee households. According to WoA Assessment data, the percentage of displaced households with any debt has increased from 71 per cent to 84 per cent (2019 compared to 2020). 94 per cent of refugee households and 93 per cent of vulnerable non-displaced households report having debt while 71 per cent to 87 per cent of all displaced households report having debt, depending on the duration of their displacement. While all provinces have high levels of debt, displaced households in Khost, Bamyan, Baghlan, Parwan, Logar, and Badghis all report average debt burdens above 70,000 AFN/\$909. WoA analysis further indicates a troubling gender dimension to the reliance on debt with displaced households headed by women reporting they are relying on loans for income at a higher rate than households headed by men (32 per cent compared to 16 per cent).

Overall, the majority of surveyed households (51 per cent) reported that the main cause for taking on debt was paying for food, with healthcare the next most frequently reported reason at 16 per cent. Other reasons for debt include paying for rent, displacement (paying for transport), hosting displaced family members, shelter repairs, weddings and celebrations, and general costs related to COVID-19. The percentage of displaced households reporting debt repayment as a top 3 priority need has increased from 23 per cent in 2019, to 38 per cent in 2020.

Comparison of WoA data across 2019 and 2020 indicates a considerable worsening of the debt burden on vulnerable populations in Afghanistan, indicating that large numbers of Afghans have been newly pulled into debt (that they haven't yet been able to repay) over the last year. The prevalence of catastrophic levels of debt (more than 65,000 AFN) is pronounced with 17 per cent of assessed households considered to be

at this level. Compounded by a worsening negative median net income (-500 AFN), these findings point to a cyclical dynamic of ever-worsening debt, with decreased resilience and minimal ability to absorb further shocks in the future as a consequence.

Debt puts an especially heavy burden on those with insecure land tenure who would face increased challenges to pay rent and keep a roof over their head. Women face unique impact from this economic risk due to their more precarious financial position and insecure property rights. While the prevalence of debts for some vulnerable groups is not greater in 2021, the intensity of their debt burden often is. Households headed by an elderly person also carry more debt on average (57,384 AFN/\$745) than other displaced households (44,287 AFN/\$575). Refugees reported the highest average debt by far (85,484 AFN/\$1,110) while other population groups reported average debt of between 42,000 AFN and 48,500 AFN (between \$545 and \$630).

In the 2020 WoA Assessment, no population group reported a positive average net income – instead median net incomes range from -3,000 AFN/-\$39 (refugees) to 0 AFN (recent IDPs) making day-to-day living expenses out of reach for most families and the chances of recovery miniscule. Geographically, median net incomes were lowest for displaced households in Hilmand province (-12,000 AFN/\$156). Displaced households headed by a person with a disability reported a median net income of -2,000 AFN, which is 4 times lower than that of the displaced households headed by people without a reported disability.

Child-focused negative coping strategies

With few other options, financially distressed families, particularly those who have been displaced or are returning without the financial safety-net they had hoped to earn working abroad, are increasingly turning to extreme measures to meet basic needs – including

engaging in risky and criminal behaviours that harm children. With increased needs in the home and few alternatives, child labour has been reported at an increasing rate amongst surveyed populations, particularly for boys. In the WoA Assessment, a quarter (26 per cent) of displaced households reported a boy aged 11-17 working outside the home in the preceding 30 days. This is compared to 3 per cent of displaced households who reported a girl aged 11-17 working outside the home in the preceding 30 days.¹⁸⁹ There are no significant differences in this pattern between the surveyed population groups and no apparent difference between reporting rates for male heads of household and female household members, indicating the use of child labour to supplement household income is pervasive and accepted. However, child labour does seem more concentrated in a few provinces. Displaced households in Farah and Hilmand reported particularly high levels of child labour for boys, instead of going to school.¹⁹⁰ Notable provinces for girls being made to work include Maidan Wardak (13 per cent), Kunduz (10 per cent), Hilmand (9 per cent), and Sar-e-Pul (8 per cent).

In addition to child labour, child marriage is frequently used as a culturally acceptable coping strategy. This practice also appears more concentrated in a few provinces. Eight per cent of displaced households (compared to four per cent of refugee and 1 per cent of vulnerable non-displaced households) reported marrying a daughter earlier than intended in the preceding 30 days due to a lack of money to buy food. Overall, three per cent of surveyed households responded that they had already exhausted this coping strategy (i.e., already married off their daughter/s). Particularly high rates of households marrying off a daughter earlier than intended were recorded in Faryab (35 per cent), Paktya (26 per cent), Kunduz (22 per cent), Uruzgan (14 per cent), Badghis (14 per cent), Khost (14 per cent).

1.5

Number of People in Need

June 2020 figures

PEOPLE IN NEED OF A SOCIAL SAFETY NET	PEOPLE IN HUMANITARIAN NEED
35M	14M

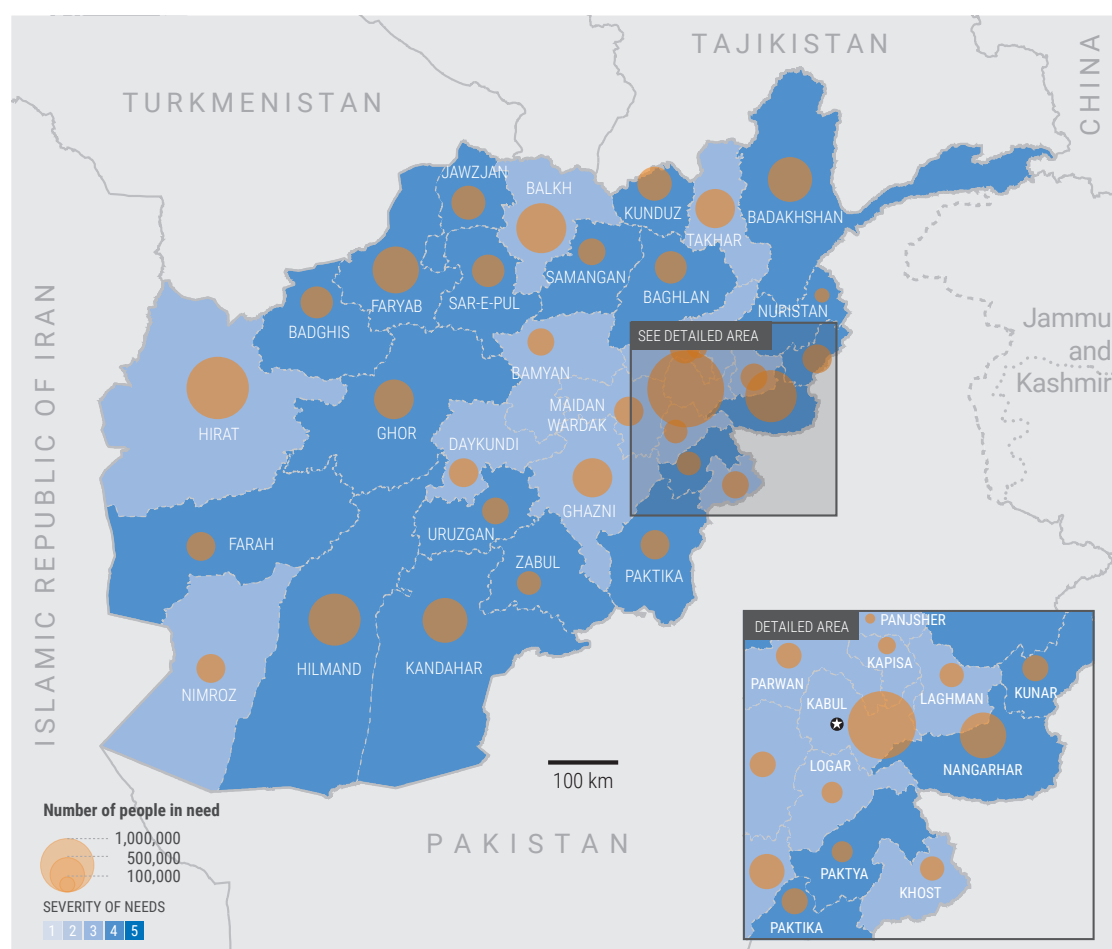
Projected figures - 2021

PEOPLE IN NEED OF SOCIAL ASSISTANCE	PEOPLE IN HUMANITARIAN NEED
30.5M	18.4M

People in need - 2021

TREND (2015-2021)	WOMEN	CHILDREN	ELDERLY	WITH SEVERE DISABILITIES
	22%	53%	2.8%	8.4%

Severity of inter-sectoral needs and estimated number of people in need



The humanitarian conditions created by Afghanistan's multi-dimensional crisis now touch all parts of the country and affect every aspect of Afghan life. In 2021, the people of Afghanistan will be well into their fourth decade of grappling with the safety, security, financial and emotional consequences of war. Conflict now shapes daily decision making for civilians about movements and access to services, posing terrifying protection risks but also having a devastating impact on the country's development and infrastructure. Political uncertainty, grinding poverty, escalating personal debt and repeated exposure to natural

disasters have eroded coping capacities, pushing vulnerable people into dire humanitarian need. Added to this are now the overwhelming needs caused by COVID-19 that are wreaking havoc not only on people's physical health but also their mental and financial wellbeing. The pandemic has left some existing beneficiaries with more complex, deeper needs, while pushing others into humanitarian need for the first time. It has also necessitated the application of a wider lens that positions the humanitarian effort to acute needs within a broader supportive response by development actors.

People in humanitarian need

Given the shock of COVID-19 and its catastrophic economic consequences, in 2020, the HCT requested a mid-year revision of the HRP to more accurately reflect needs from June through until the end of the year. This revision resulted in the number of people in need of humanitarian assistance increasing from 9.4 million people in the beginning of 2020 to 14 million people at the mid-point. The 48 per cent increase in number of people in need came largely as a result of the inclusion of all people in crisis or emergency food insecurity (IPC 3 and 4). Heading into 2021, updated analysis has indicated that, despite success in scaling up humanitarian assistance to meet increased need, the overwhelming, multi-dimensional impact of COVID-19 has resulted in another large increase in the number of people in humanitarian need at 18.4m people for 2021 - this is almost double the number a year ago. Of the 18.4m people identified as being in need nationwide in 2021, about 5.6m are now in urban areas.

For 2021, upward adjustments from the 2020 mid-year revision have been made across every sector except Education in Emergencies (EiE), with Health, as well as the Food Security and Agriculture Cluster (FSAC) showing the largest changes. The 4.4 million increase to 14.5 million people (up from 10.1 million in mid-2020) in the Health Cluster's number of people in need reflects both urgent COVID-19 related needs (including widespread need for information provision and measures to mitigate against additional waves of COVID-19 transmission), as well as non-COVID-19 health needs, many of which that have

been exacerbated due to delayed health seeking in 2020. Changes in the FSAC number of people in (up from 13.2 million in mid-2020 to 17.6 million in 2021) are based on results from the recent SFSA and IPC analysis revealing a worrying increase in the number of people now in IPC 3 and 4 levels of food insecurity, largely due to the economic impact of COVID-19. Similarly, the Nutrition Cluster's analysis of recently carried out SMART surveys has led to an increase in people in need from 4.6 million people in mid-2020 to 5.4 million in 2021. This has been driven by a surge in number of children under five and PLW who require urgent nutrition support, partly due to food insecurity and delayed treatment in 2020. The increase in the Protection Cluster's need estimate from 11.5 million in mid-2020 to 12.8 million in 2021 reflects the ongoing risks presented by worsening conflict, compounded by additional challenges for vulnerable groups as a result of the economic and social impact of the pandemic. An increase in GBV and negative coping mechanisms (including child labour and child marriage) have also contributed to the higher number. At 2.6 million, EiE needs remain largely the same as the 2020 mid-year revision and will continue to primarily focus on shock-affected children who cannot access regular schools. Increases in the number of people in need of Emergency Shelter and Non-Food Items (ES-NFI), from 5.3 million in mid-2020 to 6.6 million in 2021; and WASH from 7.2 million in mid-2020 to 8.8 million in 2021, both reflect increased needs due to COVID-19 and the consequences in years of under-investment in more sustainable solutions for displaced people.

People in Need of Social Assistance - Common Needs Analysis with Development Actors

Situation in 2020

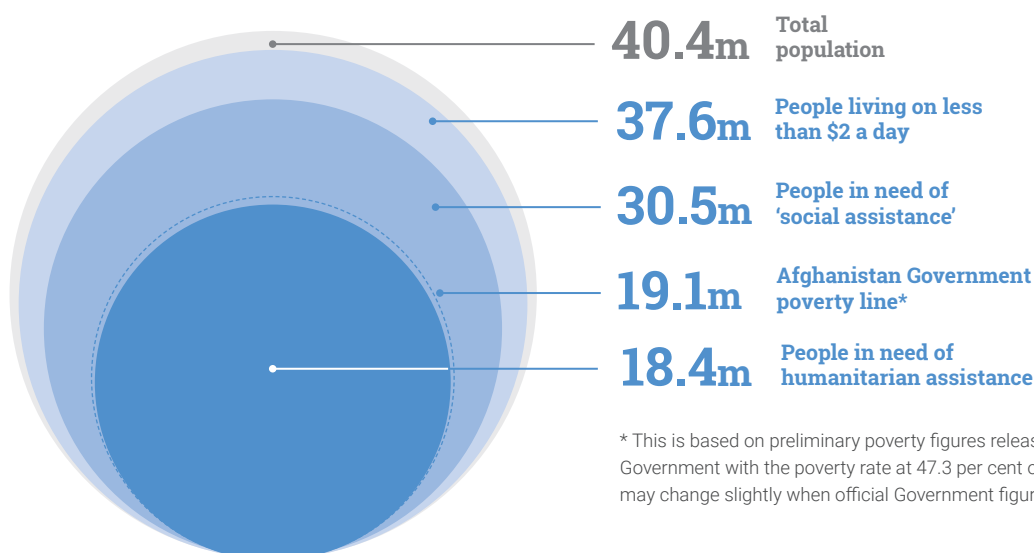
Deeper humanitarian and development collaboration will be one of the few encouraging legacies of COVID-19 in Afghanistan. The sheer scale of the crisis and its economic implications have brought humanitarian and development partners together in ways not imaginable a year ago. During the 2020 mid-year revision to the Afghanistan HRP, a group of the biggest development organisations (World Bank, Asia Development Bank, UNDP, UNICEF, WFP, FAO, ILO) worked with OCHA and the ICCT to develop a common snapshot of overlapping needs given the multi-dimensional impacts of COVID-19. Using World Bank estimates from the 2016-2017 Afghanistan Living Conditions survey, it was estimated that 93 per cent of households in Afghanistan were living on less than \$2 per day in 2020. A joint exercise determined that this \$2 per day threshold would be used as the eligibility criteria for a one-time, emergency social safety net to help mitigate the exceptional economic impacts of COVID-19 on the most vulnerable. Based on the then population estimate of 37.6 million, this translated to 35 million people living on less than \$2 per day and being in need of an emergency social safety net. The rationale for employing a broad-based approach for

estimating people in need of an emergency social safety net in 2020 was driven by the data and intended to avoid using a narrow definition of vulnerability during lockdowns and supply chain disruptions which could potentially exclude households in dire need of support. On the ground, this common needs analysis has been used to guide beneficiary selection for the \$428 million Government–World Bank, Dastarkhan-e-Milli program. While the rollout of this assistance has been slower than expected, the distribution of food packages and direct cash transfers to households and communities got underway in December 2020 to help people cope with the socio-economic impacts of COVID-19. Importantly, the mid-year review did note that this emergency social safety net was a broad and exceptional calculation, specific to the immediate crisis period in the wake of COVID-19 and would be applicable from June 2020 through to the end of the year, with a re-calculation needed for 2021 once the initial peak had passed.

Situation in 2021

With revised UN Flowminder estimates placing the 2021 population at 40.4 million, there are now an estimated 37.6 million people living on less than \$2

Common Needs Analysis 2021



per day in Afghanistan. However, as we look forward into 2021, a more rigorous and targeted approach, that reflects the multiple layers of vulnerability, poverty, and food insecurity experienced by households in Afghanistan, has been used to estimate people in recurrent need of social assistance. This new estimate is based on the IPC Analysis, which classifies the severity and characteristics of acute food and nutritional crises, as well as chronic food insecurity based on international standards into five phases. For 2021, the group has used those living in IPC2+ as a proxy for wider chronic needs and vulnerabilities in the community, helping to capture the transient and multi-dimensional nature of poverty and vulnerability. Based on this analysis, it has been determined that the number of people in need of social assistance would include the 34 per cent of the population in stress (IPC 2), the 28 per cent in crisis (IPC 3) and the 14 per cent in emergency (IPC 4). In other words, 76 per cent of the population, or an estimated 30.5 million people (14.9 million female and 15.6 million male), are currently in need of social assistance. This is in spite of the relatively decent harvest, as increasing food prices and the loss of livelihoods make affordability a concern for poor households, particularly in urban areas. While humanitarians have identified 18.4 million people within this group as having acute humanitarian needs already, without social assistance, all households in these classifications remain at risk of falling into a more acute category.

This estimate for people in need of social assistance serves to act as a reminder that humanitarian action is just the first part of a more comprehensive package of measures needed from the Government and development organisations. It highlights the need for more inclusive and robust social protection measures that guarantee a set of essential social services and income security measures for women, men and children in Afghanistan. If these social protection needs are not met in a timely manner, people risk falling into or into more severe humanitarian need, threatening hard-fought development gains and requiring a more expensive emergency humanitarian response.

Below this vulnerability threshold, the Government of Afghanistan estimates that 47.3 per cent of households live below the official poverty line. While the Government's poverty figures are currently preliminary and use a different measure to the humanitarian analysis (roughly equivalent to around \$1 per day), it is anticipated that approximately 19.1 million people are now below this official poverty threshold. Poverty and food insecurity are estimated to be highest in rural areas with women, children, the elderly and people with disabilities as the most vulnerable. The last Afghan Living Conditions Survey (ALCS) 2016/2017¹⁹¹ underpins the Government's calculations with prevalence of poverty highest among children, the elderly (above 64 years) and people with disabilities. High dependency ratios exacerbate this vulnerability; according to the same ALCS survey, 70 per cent of households where one working age person supports 3 or more dependent household members experience poverty. Further, ensuring adequate supplies of food for nutritionally vulnerable populations such as pregnant and lactating mothers, anaemic adolescent girls, and malnourished children, boys and girls, has become a significant development challenge in Afghanistan, requiring humanitarian nutrition treatment when their situations become acute.

Preliminary analysis suggests that COVID-19 lockdowns in 2020 disproportionately affected urban areas, where restrictions on movement were more heavily enforced. UNICEF, Oxford Poverty and Human Development Initiative and NSIA simulations also show multi-dimensional poverty has an increasingly urban face.¹⁹² In a worst-case scenario, simulations show that the multi-dimensional poverty headcount could rise from 52 per cent to 74 per cent. Driven by the 2020 lockdown, it is expected that employment in manufacturing and services will have declined, as will remittances. Work deprivations are most likely to have affected people living in households where all working members hold vulnerable employment, characterised by informal work arrangements and insecure tenure. This constitutes about 75 per cent of the population. If the COVID-19 effects turn out to be concentrated only on those dependent on vulnerable employment, then the national multi-dimensional poverty headcount could rise from 52 per cent to 67 per cent.

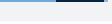
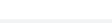
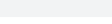
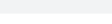
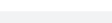
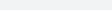
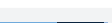
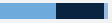
Poor households relying on vulnerable employment in urban areas have been disproportionately affected, as well as displaced and returned households, seeing a loss of consumption of up to 35 per cent. Loss of livelihood and increased food prices have increased household vulnerability. The limited ability of Afghan families to mitigate against the effects of unexpected income losses means they have turned to potentially harmful coping strategies, such as reducing spending on education and food or selling assets. It is calculated that on average only two months of basic consumption could be covered by selling assets, but that households simultaneously forego future earning capacity, and human capital accumulation. The lack of a social safety net amplifies the risk of them sliding into poverty.

Afghanistan's communities are acutely vulnerable and highly exposed to a variety of hazards and stresses requiring immediate humanitarian response and longer-term investments by the Government and development actors to reduce risk. Most provinces of Afghanistan have been affected by at least one disaster during the past 30 years, with thousands of lives lost and millions of people affected including destructive floods, earthquakes, droughts (about 17 million people affected), almost 9 per cent of the

population are living with severe disability - many as a result of the ongoing conflict - and about a third of the population is without easy access to health facilities. Floods, storms and drought continue to pose risks, accounting for many of those requiring humanitarian assistance and requiring investment in prevention and mitigation efforts by development partners and the Government. Conflict remains the leading cause of humanitarian need and is holding back the country's development. The ongoing conflict, which has seen an upsurge in violence despite the peace talks, has led to increasing shock-affected non-displaced and internally displaced populations. This can only worsen should the ongoing peace talks fail to yield sustained and all-inclusive peace.

Further, an estimated 5.6 million migrants have entered Afghanistan over the past 8 years. The returning population often joins the displaced population and has elevated needs initially for humanitarian assistance but also for more durable solutions that allow people to re-enter and communities and re-build lives. These populations are particularly vulnerable in times of economic downturn, lacking assets and social capital. They require directed assistance in terms of access to public services and efforts to bolster livelihoods.

PiN by severity phase and location

AREA	TOTAL POP.	SEVERITY	PEOPLE IN NEED	IDPS	RETURNEES	SHOCK-AFFECTED	VUL. PEOPLE	REFUGEES	BY GENDER (%) WOMEN MEN	BY AGE (%) CHILDREN / ADULTS / ELDERLY
Badakhshan	1.4M	4	786K	27K	17K	24K	746K	-	48 52 	53 44 3 
Badghis	708K	4	440K	21K	24K	38K	389K	-	47 53 	52 45 3 
Baghlan	1.3M	4	421K	42K	27K	16K	353K	-	47 53 	52 45 3 
Balkh	1.9M	3	1M	37K	26K	47K	941K	-	48 52 	53 44 3 
Bamyan	638K	3	330K	2K	6K	7K	319K	-	48 52 	54 44 3 
Daykundi	665K	3	384K	1K	12K	12K	366K	-	48 52 	53 44 3 
Farah	725K	4	357K	19K	34K	35K	290K	-	45 55 	50 47 3 
Faryab	1.4M	4	929K	37K	51K	37K	848K	-	47 53 	52 45 3 
Ghazni	1.8M	3	660K	3K	14K	46K	614K	-	48 52 	52 45 3 
Ghor	984K	4	644K	13K	43K	14K	591K	-	47 53 	52 45 3 
Hilmand	1.9M	4	1.1M	9K	15K	45K	1M	-	49 51 	54 44 3 
Hirat	2.8M	3	1.5M	11K	380K	44K	1.1M	-	41 59 	46 51 3 
Jawzjan	775K	4	484K	9K	13K	24K	457K	-	48 52 	53 44 3 
Kabul	6.7M	3	2.4M	7K	60K	42K	2.3M	380	48 52 	53 44 3 
Kandahar	1.8M	4	781K	9K	26K	32K	731K	-	49 51 	54 43 3 
Kapisa	629K	3	171K	3K	6K	8K	157K	-	48 52 	52 45 3 
Khost	819K	3	332K	4K	2K	7K	287K	36.1K	49 51 	54 43 3 
Kunar	643K	4	349K	35K	3K	15K	321K	-	49 51 	54 43 3 
Kunduz	1.5M	4	504K	40K	42K	10K	427K	-	46 54 	52 45 3 
Laghman	635K	3	301K	4K	7K	10K	286K	-	48 52 	53 44 3 
Logar	559K	3	235K	1K	5K	9K	224K	-	49 51 	54 44 3 
Nangarhar	2.2M	4	1.1M	41K	33K	25K	1M	-	49 51 	54 43 3 
Nimroz	236K	3	360K	3K	250K	5K	106K	-	26 74 	33 63 4 
Nuristan	211K	4	98K	1K	-	4K	95K	-	49 51 	54 44 3 
Paktika	998K	4	346K	5K	2K	7K	300K	35.9K	49 51 	54 43 3 
Paktya	788K	4	249K	2K	3K	11K	236K	-	49 51 	54 44 3 
Panjsher	219K	3	60K	1K	1K	5K	55K	-	48 52 	53 44 3 
Parwan	950K	3	349K	1K	9K	11K	332K	-	48 52 	53 44 3 
Samangan	554K	4	288K	4K	5K	8K	277K	-	48 52 	53 44 3 
Sar-e-Pul	799K	4	415K	16K	35K	20K	360K	-	47 53 	52 45 3 
Takhar	1.4M	3	604K	77K	40K	33K	493K	-	47 53 	52 45 3 
Uruzgan	561K	4	297K	6K	2K	23K	281K	-	48 52 	53 44 3 
Wardak	850K	3	393K	2K	6K	7K	383K	-	49 51 	54 44 3 
Zabul	495K	4	240K	5K	1K	25K	223K	-	48 52 	53 44 3 

Part 2:

Risk Analysis and Monitoring of Situation and Needs

KANDAHAR, NOVEMBER 2019

A young mother is feeding her child treatment for malnutrition at a centre in a remote village in Kandahar. The nutrition centre is run by Save the Children with support from the AHF. Photo: UNOCHA/Matteo Minasi



2.1 Risk Analysis

Scope of risk analysis

This HNO risk analysis looks at developments that are likely to impact on needs throughout 2021. Risks and impacts are mostly present nationwide in Afghanistan, as outlined in the JIAF analysis. The risks affect the conditions facing all the population groups of concern previously outlined.

Potential risks and influences on the needs facing populations of concern throughout 2021 include:

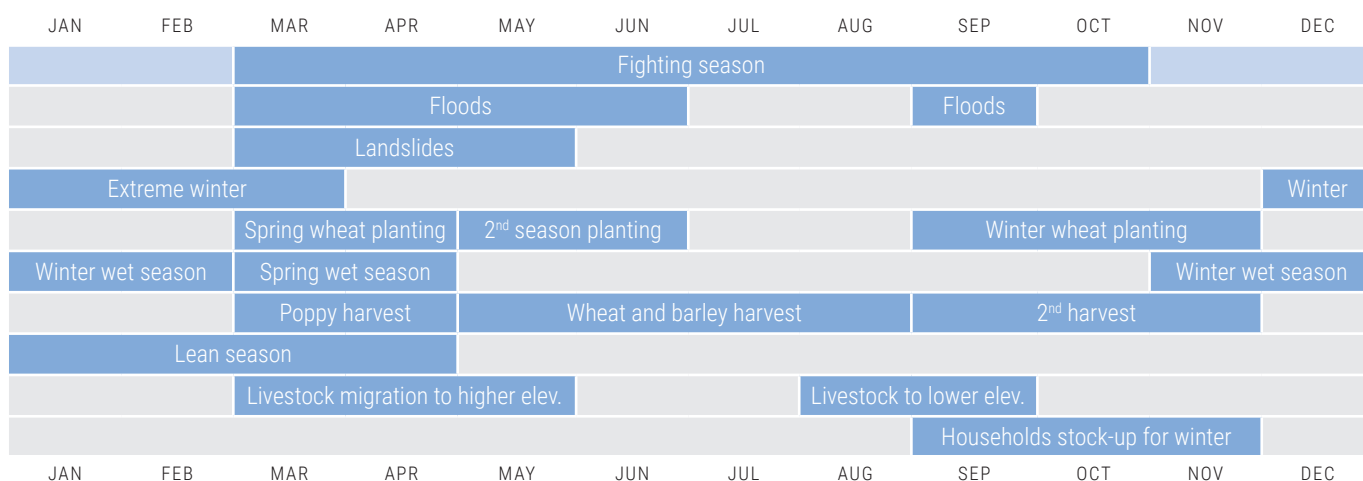
- The security outlook
- The evolution of COVID-19
- Domestic economic forecasts
- Regional political and economic developments
- Food insecurity and malnutrition trends
- Household debt, remittances, negative coping strategies and related protection risks
- Risks for women and girls (including GBV, burden of care, early marriage) as well as people with a disability and mental health issues
- Internal and cross-border mobility patterns

- The La Niña climate outlook
- Residual impacts from inadequate investment, unmet need and lower take-up of services in 2020.

It is important to note that these risks are sometimes seasonal with the highest impact at different times of the year. For example there are months when disasters are more prevalent (flood, heavy snow, avalanche), a freezing cold winter with implications for the spread of COVID-19, agricultural cultivation and harvest seasons during which weather variations can have a more profound impact, and a fighting season during the warmer months, although attacks do occur year-round in urban centres particularly. Regarding the latter, normal patterns of conflict may be altered in 2021 due to the peace talks and the perceived necessity for parties to demonstrate their relative strength at key points in the peace negotiations, as well as the international troop drawdown.

These seasonal patterns are demonstrated below and in the 2020 calendar of events (pg 52).

Seasonal Events



Timeline of Events (Jan - Dec 2020)



JANUARY 2020

Early flooding begins

Close to 23,000 people affected by heavy snowfall and flooding.



FEBRUARY 2020

Peace talks

US-Taliban agreement signed after two weeks of reduced violence. First case of COVID-19 confirmed.



MARCH 2020

COVID-19

COVID-19 drives mass returns from Iran. Government announces closure of schools.



APRIL 2020

COVID-19 Response Plan

Initial 3-month COVID-19 response plan takes effect.



MAY 2020

Attacks on health

Armed group attacks Kabul maternity hospital killing 25 people including new mothers.



JUNE 2020

HRP revision

Revised HRP published to reflect COVID-19 with 14m people in humanitarian need.



AUGUST 2020

Flash floods

Flash floods across 14 provinces affect around 3,000 households, killing 186 people.



SEPTEMBER 2020

Peace talks

Peace negotiations start between the Afghan Government and the Taliban in Doha.



SEPTEMBER 2020

Cross-border returns

Cross-border returns surpass 2019 full year levels.



OCTOBER 2020

Displacement in the South

Fighting in the country's south displaces at least 34,500 people over Oct and Nov.



NOVEMBER 2020

Food insecurity

New IPC analysis estimates 16.9 million people are facing crisis or emergency levels of food insecurity.



DECEMBER 2020

Afghanistan conference

Donors pledge over \$12b in dev. funding over 4 years. Cross-border returns hit record high.

Forward projections risk and need

Due to a highly dynamic conflict situation, varying climate patterns, and difficult physical environment, it has proven difficult to accurately project needs into future years under the multi-year HRP - originally launched in late 2017 covering the four-year period from 2018-2021. There have been five revisions since the original document was published, requiring regular recalibration of needs and funding asks to reflect emerging issues such as the 2018-2019 drought and COVID-19. Due to the evolving situation, long-term projections in each iteration of the plan have not proven accurate or useful for response planning or fundraising. A mid-term stock-take of the multi-year HRP at the end of 2019 revealed that the improving long-term outlook outlined in the original multi-year HRP was out of step with trends on the ground and that a long-term improvement in the situation, with people recovering and moving out of humanitarian need, was unlikely to materialise on the scale projected. For this reason, the scope of humanitarian action in Afghanistan was revised in late 2019, continuing the focus on emergency needs but also expanding to support vulnerable people with acute needs.

The 2021 edition of the HNO again comes at a time of huge political, security, health and environmental uncertainty, making it difficult to forecast risks or numerical trends beyond the next 12 months. In particular, the lack of clarity over the direction of the Intra-Afghan Negotiations in Doha, the planned drawdown of international military forces and the evolution of the COVID-19 pandemic make longer-term forecasting of risks and needs beyond 2021 challenging. For now, the IPC analysis projecting through until March 2021 has been used as the basis for calculating food insecurity throughout the year. The mid-year IPC numbers will indicate whether this assumption and the calculations flowing from it must be adjusted either up or down, with no clear picture which way this might evolve.

Based on these uncertainties, the Afghanistan response has used this risk section of the HNO to highlight potential risks to 2021 planning assumptions,

as well as the impact these may have on the needs of the various population groups should they materialise.

2021 planning scenario

The ICCT held two HNO workshops in September 2020 to look at drivers of need, risks and opportunities, using these to develop a most likely planning scenario and then calculate the number of people in humanitarian need. These workshops focused on identifying the most likely context people might face throughout 2021 to frame humanitarian planning parameters; evaluating risks to these assumptions that could affect common projections; and agreeing on a collective set of indicators to derive the number of people in need of humanitarian assistance in 2021 using the JIAF. Please see methodology section (pg. 114) for more details on the JIAF. Humanitarians also engaged with development actors to create a common needs analysis that puts humanitarian needs in the wider context of other “social assistance” needs in the country (please see pg 46).

Based on this analysis, the humanitarian outlook and planning scenario for 2021 for all population groups remains bleak in both urban and rural settings, due to a series of factors including worsening insecurity; COVID-19; food insecurity and malnutrition; the economy; population movement (cross-border and internal displacement); disasters and climate patterns; and flow-on impacts from unmet needs in 2020. These impacts span all three humanitarian conditions (see table on page 59 for more details)

Security: The ICCT considered three security scenarios for 2021 - status quo, an improved conflict situation and deterioration in the conflict situation. It was collectively agreed that a deterioration in the conflict situation is the most likely scenario for 2021, largely connected with turbulence around the Intra-Afghan talks and related efforts by parties to strengthen negotiating positions, in addition to the drawdown of international military forces. This is reinforced by trends seen in the second half of 2020 as the negotiations began, with significant attacks that caused civilian casualties, fear and distress. This deteriorating security context is the basis around

which planning parameters are set; specific population group projections are based (IDPs, returnees, refugees); and overall HNO numbers calculated. Such a deteriorating conflict outlook threatens people's safety and wellbeing, as well as their living standards, due to reduced access to services and the development of negative coping mechanisms amid a stressed living environment. As a result of the worsening outlook, 310,500 trauma patients have been projected as needing emergency humanitarian treatment, mostly through first aid trauma posts in 2021.

The planned drawdown of international military forces from Afghanistan in 2021 is likely to cause instability in conflict dynamics as parties recalibrate their operations. There is a high risk that NSAGs will take advantage of such a complex and unstable environment to launch attacks and demonstrate their strength in the context of the simultaneous peace talks. There will be significant pressure on Afghan security forces to demonstrate their ability to maintain order with a smaller international military presence. In the worst case scenario, an inability to do so may present the risk of a return to the civil wars of past years. Such instability resulting from the drawdown of international military forces may have implications for humanitarian access and access to services, as well as intensifying the risk from spoiler attacks and general criminality.

Should the Intra-Afghan Negotiations succeed in securing a full or partial ceasefire, this would provide the opportunity for humanitarians to carry out comprehensive assessments in hard-to-reach areas to gain a deeper understanding of existing needs. These may uncover needs that it was previously not possible to confirm. In the event of a ceasefire, credible needs assessments are the critical first step in any response to ensure the right beneficiaries are supported with the right assistance, while putting in place immediate, basic measures to provide frontline protection responses, such as those around GBV and child protection. In addition to needs assessments, the humanitarian community would also require assurances from parties to the conflict. The delivery of humanitarian assistance would require unimpeded access for both male and female aid workers to assess, deliver and monitor distributions. Assurances would

be needed around staff safety and security, as well as the ability to deliver assistance free from interference, including free from illegal tax or levy requests. In the case of a lull in active conflict, it is anticipated that broader access to quality essential services and basic rights (such as education and gender rights) will not come immediately. These sectors are unlikely to see the benefit of peace for some time, meaning that severe protection and education needs might persist. Furthermore, it must be highlighted that in case of a ceasefire, land mine and ERW casualties may rise due to increased movements of people within the country – especially among individuals lacking mine education awareness. Similarly, in ceasefires or as part of demobilisation processes, GBV risks are likely to rise. There is a risk that limited but hard-won gains in women's rights may be a casualty of the peace process and strong advocacy is underway by the international community to emphasise the critical importance of protecting these gains for the future of Afghanistan.

It is important to note that any peace agreement that materialises between the Government and the Taliban will not apply to other NSAGs, particularly ISK, who have claimed responsibility for a series of attacks around the country since the start of the peace talks. It is considered likely that spoiler attacks will continue into 2021 with implications for safety and security of civilians, although patterns and frequency of attacks are hard to predict. Ongoing activity by ISK, particularly in the country's east, may affect patterns of displacement and returns, as well as humanitarian access to address needs in affected areas. This is made more difficult by the absence of pre-established access negotiation entry points with ISK.

There is also a low risk of civil unrest should the economic situation further deteriorate.

COVID-19: The health and socio-economic impact of COVID-19 will likely be felt throughout 2021 with an overwhelmed health system and interrupted primary health care for non-COVID patients. The ICCT has factored in needs related to the second, winter 2020-2021 wave of COVID-19 that is already taking hold at the time of publication. As part of this

planning, the ICCT has assumed that the current complacency around mitigation measures will continue, despite efforts to the contrary, and that any further lockdown measures are unlikely to be enforced, if they are introduced. Based on WHO projections, the HNO assumes that 195,000 people will require hospitalisation as a result of acute symptoms from COVID-19. People's needs will be deeper and more multi-sectoral in nature the longer the crisis continues without universal access to a vaccine. Utilisation of health services has gone down, and vaccination services for other diseases were also disrupted due to physical distancing requirements, affecting polio vaccination campaigns. This will mean a likely deterioration of health conditions throughout 2021 (higher maternal deaths; higher trauma-related deaths; higher prevalence of disability; etc.), as well as higher GBV risks, with survivors having had reduced access to life-saving GBV services that are part of the health response. There is also likelihood of continued reluctance to seek health services due to COVID-19 with significant need for confidence-building on infection prevention and control.

In-country supply chain management issues may persist, with stocks in MoPH warehouses not reaching provinces in a timely manner in 2020. Global supply shortages may re-emerge due to high second wave demand for key items internationally. The healthcare workforce will continue to be at high risk if PPE issues persist. There is already a reduced workforce capacity with affected health workers not having fully recovered. COVID-19 related supply chain issues could also have a significant impact on the ability to address needs in 2021, as was seen in 2020, if border closures return. Pakistan is particularly critical in this regard as many key humanitarian supplies across the response are sourced from or come through the country in-transit.

Even if COVID-19 vaccination is available in 2021, it is anticipated to reach only a small percentage of the population (initially 20 per cent), with a focus on vulnerable people and frontline workers. It will not immediately provide national protection against the spread of COVID-19 but rather decrease the mortality related to the virus. It is considered likely that winter conditions may exacerbate health vulnerabilities and

the take-up of annual flu vaccinations will be critical to freeing up space in the health system to deal with COVID-19.

There are increasing risks for women and girls with the added impact of the pandemic – GBV, high burden of care and early marriage – while disability and mental health remain critical vulnerabilities. Gender, disability and mental health needs are unlikely to recede until COVID-19's economic and social impacts do.

The HNO assumes that alternate delivery modalities will be required for most of 2021 to allow for physical distancing and people's reluctance to seek health and nutrition services at fixed facilities. Group-based response activities, including the provision of face-to-face psychosocial support will continue to be on hold, while mobile and flexible delivery modalities will continue to be employed. In many cases, these alternate approaches are more expensive, requiring increased resources, and can reach fewer people, thus making reduced progress towards meeting needs. COVID-19 related interruptions to services can have catastrophic consequences for people with acute conditions such as malnutrition. Once treatment is disrupted, people must re-start from the beginning for the nutrition treatment to be effective, often with deeper health complications and higher chances of morbidity and mortality. The Education in Emergencies Working Group (EiEWG) is also particularly concerned that the planned re-introduction of school closures over the 2020-2021 winter would see more than 10 million children's education interrupted again, making the re-entry of the most vulnerable children even more challenging later on.

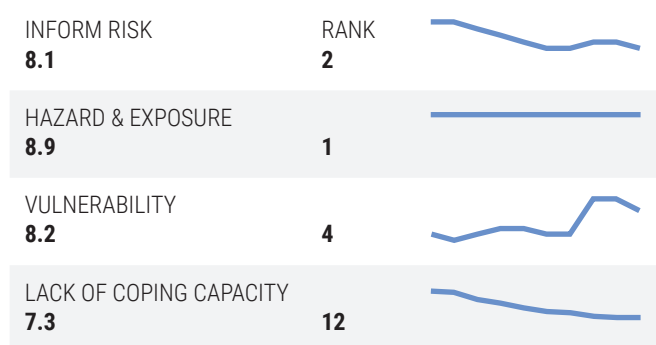
Overall, the effects of a surge in COVID-19 cases and interruptions to other essential services (as resources are diverted; care-seeking behaviour is reduced or services are suspended) affect people's immediate wellbeing, and erode people's coping capacities, making them vulnerable to all forms of future shocks, irrespective of the scale.

Economy: On the economic front, the World Bank anticipates that real GDP will have contracted by 5.5 to 7.4 per cent by the end of 2020. It further expects

that 2020 remittances will have declined by 40 per cent from 2019 levels. The same data shows that government revenues have been steadily falling in 2020. The economy is expected to grow by just one per cent over 2021, with the possibility of further contraction if the COVID-19 situation continues to deteriorate. Forecasts suggest that both per capita and real GDP are likely to remain below pre-COVID-19 levels over the medium-term. The loss of tax revenue associated with this decline may affect the Government's ability to address needs. With price rises, job losses and mounting household debt, it is likely that many people will require some form of social relief from the Government and development actors, to avoid slipping into acute humanitarian needs. Negative coping mechanisms are also likely going to continue to

household debt and negative coping mechanisms, will create a more severe food security situation into 2021 – currently on par with 2018 drought - as evidenced by IPC projections through until March 2021. Projections beyond March are not yet possible and will be dependent on crop yields, COVID developments and humanitarian reach in the first quarter of the year. The worsening nutrition situation developing at the end of 2020 is expected to continue into 2021, with 27 of the country's 34 provinces already considered to be in an 'emergency' nutrition situation that will take some time to turn around, depending on whether funding and treatment are available and accessible. Any further worsening of the food security and nutrition situation will also depend on La Niña impacts and the timing of rainfall.

INFORM Index



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be seen especially among vulnerable groups. Women face unique impacts from this economic risk due to their more precarious financial position and insecure property rights and the linkages between negative coping strategies and increased risks of GBV. FSAC is also particularly concerned about people selling their productive assets as a means to weather income loss and food consumption gaps. This not only affects people's productivity but is more difficult to reverse in the future with implications for their recovery.

Food insecurity and malnutrition: The analysis assumes that the economic situation, which has already driven a large-scale hunger crisis, escalating

Climate and disasters: Afghanistan is highly prone to natural hazards, whose frequency and intensity are exacerbated by the effects of climate change, increasing humanitarian needs. Afghanistan has an Inform Risk Index of 8.1, the second highest country out of the 191 profiled. Afghanistan's specific hazard and exposure score of 8.9 is the highest of any country. While the number of disaster-affected people has been lower in 2020 compared to previous years, this should not be considered as the norm based on patterns over a longer trajectory, as well as the immediate climate outlook. For this reason, the ICCT has forecast that 200,000 people are likely to be affected by disasters in 2021 which is aligned with years that had a similar climate outlook.

A global La Niña event has been declared and regional climate outlooks are indicating 'rainfall departure' from Afghanistan, Iran and other Central Asian countries. This suggests below-average rain and above-average temperatures should be expected between October 2020 and February 2021. If realised, this means it is likely that there will be a reduction in water availability for the winter wheat crop cycle (cultivation in spring); a reduction in rangeland production negatively affecting livestock; and risk of avalanches (in the highlands) and other types of winter hazards associated with warmer temperatures during winter.

The ICCT has also produced a contingency plan for an earthquake affecting a major city in Afghanistan with serious impacts especially for people's shelter and NFI needs. The scenario plans for a magnitude 7.6 earthquake with an epicentre between Kabul and Jalalabad, affecting 7 million people and leaving 3 million people in need of immediate humanitarian assistance. While this risk is considered an ongoing possibility with a high impact for which detailed contingency planning is required, the likelihood a quake will strike in any given year is low, with no major earthquake having struck Kabul in modern times.

The occurrence of any large-scale natural disaster will have a devastating impact on people's lives and their wellbeing. Living standards will deteriorate as their homes and critical service infrastructure become damaged or destroyed. Their ability to recover quickly is undermined and their capacity to cope with future shocks is threatened when livelihoods become destroyed. This is particularly concerning for the ES-NFI Cluster where disasters may trigger unexpected humanitarian needs and population movements, putting pressure on contingency stocks dedicated towards other emergency needs such as conflict-related displacement and may require supplies to be redirected.

Mobility: Throughout 2020, there has been an increasing trend of irregular cross-border migration between Afghanistan and Iran, as well as other countries. This is expected to continue in 2021, although the scale will depend on a variety of factors including conflict patterns, COVID-19 developments in Afghanistan and neighbouring countries, the legal status of migrants abroad and economic conditions in both Afghanistan and Iran. In terms of projections for undocumented returns, the ICCT planned for a most likely scenario of 654,000 combined returns from Iran and Pakistan based on past patterns and circumstances - this is lower than the record in 2020 but higher than average. However, the ICCT noted that numbers could vary widely depending on the situation with a best-case scenario of 477,000 people and a worst-case scenario of 718,000. With such a surge in returns, the WASH Cluster is particularly concerned about the added burden of water and

hygiene needs, especially in overcrowded border points, informal settlements (where access to WASH services is minimal and people may even have to rely on water vendors to access water) and public spaces and institutions such as health facilities and schools. Large numbers of cross-border returnees are also at risk from land mines and ERW in terrain that may be unfamiliar, increasing the need for mine risk awareness. A planning figure of 60,000 new refugee returns has been used in the analysis however it is possible this number could also be much lower or higher depending on border openings, regional economic and political developments and the peace talks. A breakthrough on the peace talks may increase confidence for Afghan refugees living abroad to return, pushing this number closer to the unusually high 300,000 figure seen in 2016. However, the increase in conflict over the final months of 2020 suggests this may be some way off. Refugees with humanitarian needs already inside Afghanistan remain at 72,000 as per previous years.

Levels of new internal displacement will be driven by the deteriorating conflict scenario outlined above, the geographical spread of fighting and the economic outlook. A planning figure of 500,000 people has been used for new internal displacement in 2021 which was guided by patterns over recent years with similarly high intensity conflict but is much higher than actual conflict-related displacement in 2020. Mobility has implications for people's wellbeing, living standards and coping capacity.

There are almost five million people estimated to have been displaced since 2012 who have not returned to their homes. Results from the WoA Assessment suggested few non-recent IDPs intend to return home in the short-term and about half never intend to return home with security and job opportunities being predominant factors in this decision. Thus, mass returns of IDPs are not considered a likely scenario given the security and economic outlook, as well as IDPs own preferences.

Operating environment: The Government of Afghanistan has proposed a new NGO Law which, if passed in its current form, would undermine the

independence of NGOs and introduce new bureaucratic practices that would slow the delivery of aid to people in need. A survey conducted among NGOs in 2020 suggested a significant number may have to close if the law passed in its current form because they would be unable to meet donor requirements. Those who can stay open would face impediments to delivery of assistance to people in need due to the bureaucratic interference in their operations. This is one of a number of administrative threats to humanitarian space could seriously affect the number of people in need who can be reached. A reduction in the number or capacity of NGOs would impact on the delivery of both humanitarian and development programmes with implications for people's wellbeing, living standards and coping capacity.

Lack of investment in meeting needs: Against the odds, humanitarians have maintained a national presence, expanded their geographical reach and anticipate reaching the vast majority of the people they planned to support by the end of 2020. However, the depth of the assistance provided has been limited by underfunding (49 per cent of requirements received with two weeks of 2020 remaining). Due to funding constraints and urgent COVID-19 needs, there has been greater focus on higher-reach, lower-cost and less comprehensive programming (such as mass awareness raising and prevention campaigns, risk communications and community engagement (RCCE) activities, remote education rollout). This has been at the expense of more complex and costly durable interventions that require greater time and investment, such as transitional shelter or health system strengthening. This will have flow-on effects for needs in 2021.

Similarly, the rollout of urgently needed, complementary development assistance in 2020 to support people in need of a social safety net due to COVID-19 has faced ongoing delays, leaving more vulnerable people at risk of slipping into humanitarian need into 2021. In 2021, an updated common needs analysis with development actors has identified approximately 30.5 million people who need some form of social assistance in 2021 (IPC 2+ food insecurity; 76 per cent of the

population). Of those, 18.4 million are considered to be in humanitarian need. The rest are outside the scope of humanitarian planning and need broader assistance from development actors and the Government. Unfortunately, the prospects for this scale of development investment are poor. A more than \$3b reduction in development funding over the next four years that was confirmed at the Afghanistan Conference in November 2020 may see reduced ability of the Government and development actors to meet needs and may result in further attempts to transfer costs for core government services and personnel to the humanitarian community, reducing humanitarians' ability to address life-saving needs. Ongoing under-investment in addressing growing humanitarian and development needs in Afghanistan will drive a worsening outlook over the years ahead.

Risk Analysis Table

The table below looks at the main categories of risk outlined above and provides expert analysis of the likelihood and impact of the main risks based on key indicators and the agreed planning scenario. By multiplying the likelihood by the impact, a level of risk or score is generated. It is important to note that "most likely" impact has been considered for this analysis although there remains the chance that the severity of impact could be greater if the risk occurs on a larger scale. For example, as outlined above, significant cross-border returns are highly likely in 2021 with a moderate impact on need but this could increase to high impact if a peace agreement is reached and confidence to return is bolstered increasing the scale of cross-border movement. Similarly, given the uncertain outlook, the table looks at the impact and likelihood of both increased and decreased humanitarian access in 2021 depending on whether a breakthrough is achieved in the peace process or fighting further escalates..

CATEGORY: CONFLICT, PEACE, POLITICS

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELI- HOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Increased tempo of conflict	A deteriorating security situation is forecast for 2021 as parties attempt to strengthen their position in the peace talks and as international military forces drawdown. This may have significant implications for the speed and quality of access, as well as civilian and aid worker safety. This will also compound mental health issues in the community.	5 	5 	25 	All	Wellbeing, Living standards, Coping Strategies
Increased 'spoiler' attacks by NSAGs	ISK and other NSAGs who are not party to the peace talks are expected to increase attacks, with particular impact on civilian targets and implications for humanitarian access to areas they control. This may be intensified by the international military force drawdown. The impact of these attacks on the mental health of civilians is significant.	5 	5 	25 	All	Wellbeing, Living Standards, Coping Strategies
Reduced humanitarian access, slower access negotiations or reduced presence due to conflict	With escalating conflict forecast for 2021, access may become more challenging. Although humanitarian access to NGCA is generally good, a deteriorating environment and pressures flowing from the peace talks may prolong access negotiations, affecting the quality and sustainability of this access, delaying assistance to people in need. These access challenges and the interference that often accompanies them, may deter partners from programming in hard-to-reach locations. Access challenges may intensify due to the international military force drawdown.	4 	5 	20 	All but especially those in hard-to-reach districts	Wellbeing, Living Standards, Coping Strategies
Increased humanitarian access due to peace agreement	If a peace agreement, a humanitarian ceasefire or lull in hostilities is agreed, this may open new opportunities for easier access to currently hard-to-reach locations. This will not necessarily translate immediately into increased reach as this would depend on the confirmation of needs through assessments. It remains unclear if any agreement can be reached in 2021.	3 	5 	15 	All but especially those in hard-to-reach districts	Wellbeing, Living Standards, Coping Strategies
Increased humanitarian needs identified due to expanded access from a peace agreement	While still far from certain, a peace agreement, humanitarian ceasefire or lull in hostilities would provide the opportunity for humanitarians to carry out comprehensive assessments in hard-to-reach areas to gain a deeper understanding of existing needs. It is possible that such assessments could reveal new or expanded needs that it has not previously been possible to estimate. This may require a revision to the number of people in need and the requirements.	3 	4 	12 	All, particularly those in hard-to-reach areas	Wellbeing, Living Standards, Coping Strategies

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELI- HOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Increased attacks against health and education facilities, staff and students	2020 saw a worrying number of attacks on health facilities and workers despite their importance in the fight against COVID-19 and the start of peace talks. There were numerous attacks on schools also, although these were closed for most of the year. While advocacy continues on the special protections given to health and education facilities under IHL, such attacks and interferences are expected to increase in line with the deteriorating conflict situation and the ongoing peace negotiations. This may intensify with the instability that is likely to follow the drawdown of international military forces.	5 	5 	25 	All	Wellbeing, Living Standards, Coping capacity
Draft NGO Law is passed in its current form	The passage of the Government's draft NGO Law in its current form would undermine humanitarian space and threaten the independence of NGOs. This will have implications for both humanitarian and development programming by NGOs, with many indicating they may have to cease or scale-down operations if the law proceeds.	4 	5 	20 	All	Wellbeing, Living Standards, Coping Strategies
Indicators: # Civilian casualties % increase of access restriction incidents # of people living in areas highly affected by conflict % increase in attacks against health/education facilities and their personnel/students # ERW casualties # of districts reached with assistance # of partners with a presence in-country						

CATEGORY: COVID-19

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELI- HOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Second COVID-19 wave over winter 2020-2021	By the end of 2020, both MOPH and WHO had confirmed the arrival of a COVID-19 second wave although it is impossible to know the full extent of infection given the low testing rates. Given the second wave is arriving with the onset of winter, WHO has warned it may be deadlier than the first.	5 	5 	25 	All	Wellbeing, Living Standards, Coping Strategies
Vaccine roll-out to vulnerable groups	Preparations are underway for the arrival of a vaccine in Afghanistan using global mechanisms, although cold chain in hard-to-reach areas remains a challenge. Reports suggest that MOPH initially plans to vaccinate 20 per cent of the population including the most vulnerable and frontline workers. Accountability on vaccine rollout may be challenging.	3 	5 	15 	Vulnerable groups including health workers, the elderly and people with co-morbidities	Wellbeing, Living Standards, Coping Strategies

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELI- HOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Universal vaccination	While vulnerable portions of the population may be reached with a COVID-19 vaccine in 2021, it remains highly unlikely, given the supply, logistics, cold chain and security constraints that universal vaccination will be possible within the planning period. Accountability on vaccine rollout may be challenging.	1 	5 	5 	All	Wellbeing, Living Standards, Coping Strategies
Unmet needs due to COVID-19 priorities and changes in health-seeking behaviour	2020 saw both substantial underfunding and a reluctance among patients to attend fixed health and nutrition facilities for fear of catching COVID-19, resulting in unmet needs. Mobile approaches are being used but are more expensive and are unable to reach as many people, creating flow-on implications for increased need and more serious illness in 2021 and beyond.	5 	5 	25 	All	Wellbeing
Further reduced household income due to new COVID-19 lock-downs and movement restrictions	COVID-19 measures had a profound impact on the economic wellbeing and protection environment for millions of people in 2020, particularly those in informal employment. While these measures were lifted after a period of weeks in 2020, it remains possible that measures may have to be re-introduced during the second wave over winter 2020-2021. This would have serious financial implications for household survival with 16.9m people already food insecure and household debt soaring.	3 	5 	15 	All	Wellbeing, Living Standards, Coping Strategies
Closure of schools and disruption of education for millions of children	School and CBE closures are currently planned by the Government over the 2020-2021 winter due to concerns over heating and COVID-19 but confirmation is still pending on when classes will resume in 2021.	5 	4 	20 	Children	Wellbeing, Living Standards
Indicators: # of COVID-19 deaths # of COVID-19 hospitalisations # of people with incomplete malnutrition treatment # of people vaccinated against COVID-19 % decrease in patients seeking non-COVID primary healthcare services % of enrolled children missing out on school because of closures						

CATEGORY: FOOD INSECURITY & MALNUTRITION

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELI- HOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Crisis and Emergency food insecurity rises above 42% of the population	The impact of La Niña weather patterns on agriculture, the economic situation, and the proportion of food insecure people who are reached with assistance in the first months of the year will determine the direction of food insecurity during 2021. Current projections span through until March 2021. With the passing of the lean Season, food insecurity usually declines, however La Niña and COVID-19 may mean that this is not the case in 2021. As noted below, it is more likely that the number of people in IPC 3 and 4 will grow, than famine (IPC 5) will emerge.	4 	5 	20 	All	Wellbeing, Living Standards, Coping Mechanisms
"Emergency" Livelihoods Coping Strategies increase above 2020 levels	The extent of COVID-19 lockdown measures and related interruptions to employment, combined with the agricultural forecast, as well as the availability and cost of food, will determine whether any worsening of livelihoods coping strategies materialises.	3 	5 	15 	All but especially acutely vulnerable people with humanitarian needs	Living Standards, Coping Strategies
Crop cycles are interrupted by La Niña rain deficiencies	A La Niña weather pattern is in play which usually sees rainfall departure away from Afghanistan during the first months of the year, but the exact timing of reduced rainfall will affect the agricultural implications. At the time of publication, the predicted higher temperatures and low rainfall had not yet materialised.	2 	4 	8 	All (especially farming households)	Wellbeing, Coping Strategies
Worsened nutrition among children and women	As with the risk of worsening food insecurity, this will be highly dependent on weather patterns, food availability, COVID-19 and the related economic situation. The extent to which humanitarians can reach sufficient numbers of acutely malnourished people with life-saving malnutrition treatment or preventative support to borderline cases will determine whether this figure increases. People's attitude to health-seeking behaviour and confidence in infection-control at health facilities will also play a role.	3 	5 	15 	All but especially children under five and pregnant and lactating women	Wellbeing
Famine	While there are increasing numbers of people (5.5 million) in IPC 4, famine (IPC 5) is only considered to be a low likelihood in Afghanistan. More likely is the growth in the number of people in IPC 3 and 4.	2 	5 	10 	All	Wellbeing, Living Standards, Coping Strategies

Indicators:

% of population in IPC 3 and 4
 % of people employing 'emergency' livelihoods coping strategies
 Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) prevalence
 % of people in IPC 5
 Rainfall figures
 Normalised Difference Vegetation Index (NDMI) results

CATEGORY: ECONOMY

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELI- HOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Negative economic growth in 2021	Currently one per cent growth is forecast for 2021 but the impact of COVID-19, related movement restrictions and border closures could undermine this projection.	3 	5 	15 	All	Living Standards, Coping Strategies
Increased negative coping strategies	As with the risks above, the re-introduction of COVID-19 lockdown measures and food insecurity may have serious implications for household income and debt, increasing the risk of negative coping strategies being used such as child marriage, child labour and related forms of GBV. The closure of schools over the winter may also increase non-COVID risks to children such as child labour.	5 	5 	25 	All	Wellbeing, Living Standards, Coping Strategies
Increased prices for staple foods and consumer goods	At the end of 2020, prices for key consumer goods are substantially higher than the start of the year, although they are not as high as they were at the peak of the first wave of COVID-19. There is a risk that if border restrictions are introduced during the next wave of the virus, then the inability to import goods into the country could affect availability and prices.	3 	5 	15 	All	Wellbeing, Living Standards, Coping Strategies
Indicators: % increase/decrease in economic growth % of people living on less than \$2 per day % of people living on less than \$1 per day % of shock-affected households employing negative coping mechanisms % increase in staple food prices Border closures						

CATEGORY: PEOPLE ON THE MOVE

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELI- HOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	IMPACTED HUMAN- ITARIAN CONDITIONS
Increased internal displacement due to conflict in 2021 compared to 2020	Internal displacement is expected to be higher in 2021 than in 2020 when lower than average numbers of people were forced from their homes by conflict. Anecdotal reports have indicated that people may have been reluctant to leave their homes due to their weaker financial position in 2020. The deteriorating security outlook suggests that higher displacement should be expected again in 2021 as fighting intensifies, although the economic situation may again be a factor and the needs of those displaced may be deeper given the worrying financial position and huge debts of many households who may flee.	5 	5 	25 	IDPs	Wellbeing, Living Standards, Coping Strategies

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELI- HOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	IMPACTED HUMAN- ITARIAN CONDITIONS
Higher than average cross-border (undocumented) returns in 2021	Clusters have planned for a most-likely scenario of 654,000 cross-border returns which is lower than the record returns seen in 2020. However, this 2021 figure would still be above average over the past five years. It is acknowledged that 2021 numbers could vary widely though depending on a range of factors including the economic, political and COVID-19 situations in Iran and Pakistan. The signing of a peace agreement could also have an impact on willingness to return, as could people's legal status in either country. Returnees from Iran are predominantly, though not exclusively, younger men. Those from Pakistan are mostly families.	5 	5 	25 	Returnees	Wellbeing, Living Standards, Coping Strategies
Significant new Refugee returns	This is considered unlikely in 2021 unless there is a substantial shift in people's legal status in Pakistan, in particular. A planning figure of 60,000 has been used however the figure could ultimately be much lower, possibly only 10,000 refugees, depending on the border situation and their degree of confidence in the security environment. The signing of a peace agreement may have an impact on people's willingness to return, however, based on feedback from refugees in Pakistan, it is considered more likely that a period of confidence building would be required before people agree to return in large numbers.	2 	4 	8 	Returnees and host communities	Wellbeing, Living Standards, Coping Strategies
Mass IDP returns to places of origin within Afghanistan	DTM data estimates there are almost 5 million people who have been displaced since 2012 and have not returned to their homes. Significant returns are considered unlikely in the short term. WoA Assessment data shows that few people displaced long-term intend to return in the next six months and almost half never intend to return.	1 	4 	4 	IDPs and host communities	Wellbeing, Living Standards, Coping Strategies
Increase in risky irregular migration away from Afghanistan	If the economic situation and household coping capacity further deteriorates, many families may turn to irregular migration for survival. The deteriorating security outlook may also encourage people to leave, while a peace agreement may encourage them to stay. COVID-19, both in Afghanistan and in neighbouring countries, will further influence these decisions, as would the legal situation facing migrants in Iran, Pakistan and Turkey in particular.	3 	3 	9 	Vulnerable people, especially children	Wellbeing, Living Standards, Coping Strategies
Indicators: # of people newly displaced inside Afghanistan # of protracted IDPs returning to their places of origin # of returnees (undocumented returnees and refugee returnees) # of people migrating out of Afghanistan						

CATEGORY: NATURAL DISASTER & CLIMATE

RISK/ OPPORTUNITY	PLANNING ASSUMPTION	LIKELI- HOOD	IMPACT	SCORE	MOST IMPACTED POPULATION GROUPS	IMPACTED HUMANITARIAN CONDITIONS
Severe flood season	Given the La Niña forecast, Afghanistan is predicting a weaker than normal flood season in 2021, however the outlook remains uncertain and will be dependent on precise rainfall patterns.	3 	5 	15 	People living in flood-prone areas	Wellbeing, Living Standards, Coping Strategies
Severe winter	Against predictions of warmer temperatures, the early part of the 2020-2021 winter has been colder than normal with early snow. Higher than normal temperatures are expected later in the winter due to La Niña. However, the impact of even a mild winter on humanitarian needs will be high in 2020-2021 given the eroded coping capacity of many families and inability to heat their home.	4 	5 	20 	All but especially IDPs and acutely vulnerable people	Wellbeing, Living Standards, Coping Strategies
Earthquake near a major centre	While the likelihood of an earthquake in any given year is low, these are certainly possible given Afghanistan's geology. The impact would be catastrophic if a significant shake occurred near an urban centre. This would have especially serious ES-NFI implications.	1 	5 	5 	All	Wellbeing, Living Standards, Coping Strategies
Drought	This is not currently forecast for 2021 although lower than normal rainfall in the first months of the year could affect the success of crop harvests.	1 	5 	5 	All	Wellbeing, Living Standards, Coping Strategies
Indicators: # of flood-affected people # of people affected by drought # of people affected by earthquake # of people in need of winterisation support Rainfall figures Normalised Difference Vegetation Index (NDMI)						



MAZAR-E-SHARIF

Yasmin, a 9 month-old baby girl is screened by health workers at a hospital in Mazar-e-Sharif. Mid Upper-Arm Circumference is used to assess the nutritional status of children. Photo: UNICEF-Afghanistan/2020/Frank Dejongh

2.2 Monitoring of Needs

In 2020, the Afghanistan HCT and ICCT adopted a new needs monitoring approach, with the inclusion of a series of cross-cutting and sectoral needs indicators to be monitored throughout the year. Rolling analysis of trends against these critical indicators informed the 2020 mid-year HRP revision in June (COVID-19) and was included as an annex in the mid-year monitoring report. They enabled the ICCT to observe patterns and course-correct where necessary to ensure needs are being met. The same approach will be employed in 2021.

These indicators - cross-cutting (see pg 67) and sectoral (see cluster pages) - will be reviewed at the

mid-year point or during any subsequent HRP revision to allow clusters to analyse emerging needs and adjust their programming accordingly to ensure no one is left behind. A narrative update on needs-related trends will again be included as an annex to the 2021 mid-year HRP monitoring report. Where possible, this will include updated quantitative data, however this may not be available in all categories as the WoA Assessment is only conducted once a year, in the third quarter, and this is the main data source for many clusters. Other proxy sources will be sought but direct numerical comparisons may not be possible. Where this is the case narrative expert observations will be

included in the mid-year publication to provide a guide to the current trajectory of needs in each category.

Humanitarian partners will also continue to monitor displacement, cross-border movement and disaster impact data throughout the year to guide preparedness

and response. OCHA publishes a series of interactive dashboards that provide nearly real-time data for partners on these trends.

Indicators

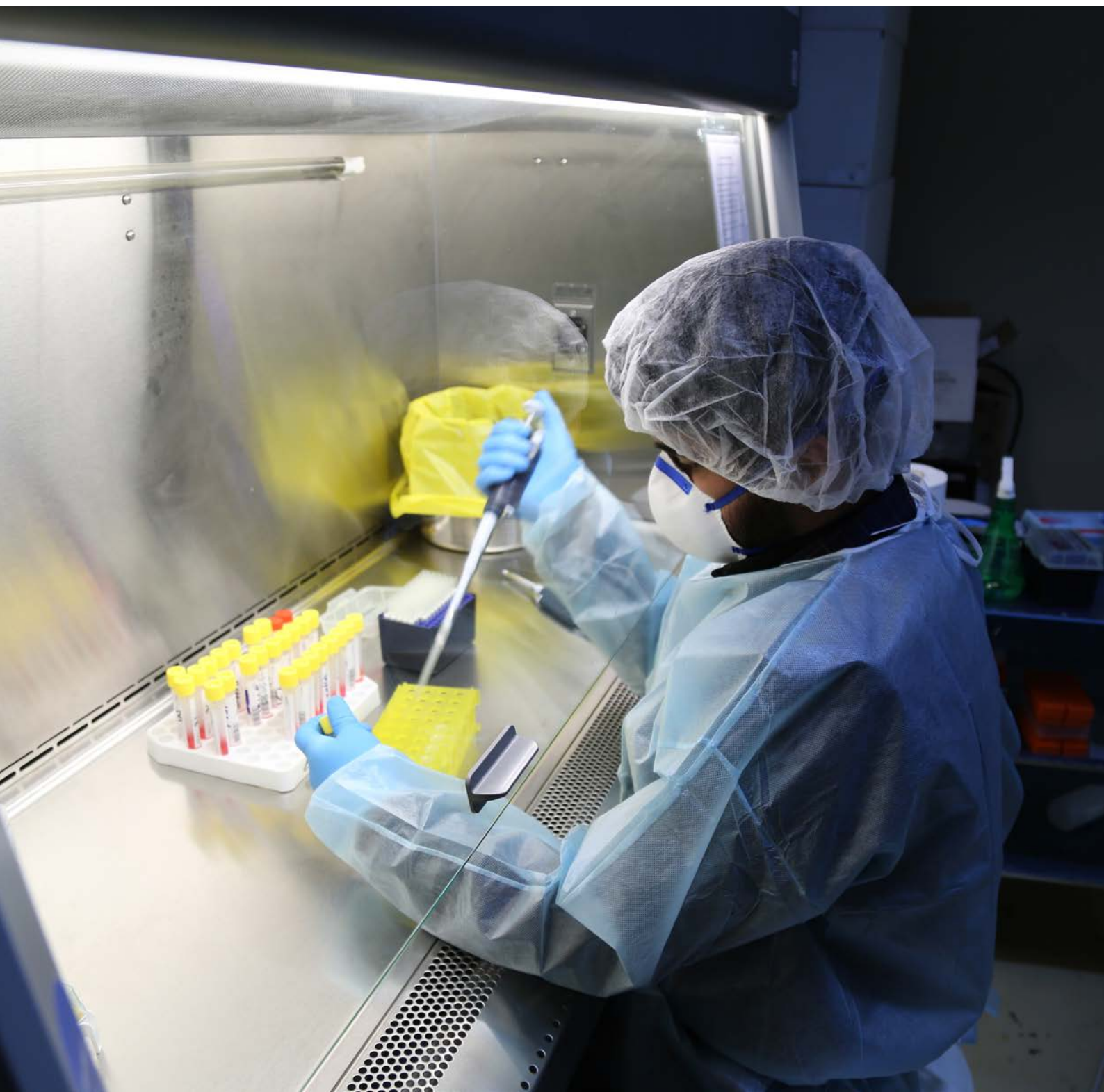
#	INDICATORS	BASELINE 2020	SOURCE
01	# of civilian casualties	5,939 (2,117 killed, 3,822 injured) Q1-Q3	UNAMA HR/POC Q3 Report, Sep 2020
02	# of attacks on aid	722 access constraints; 67 attacks on health care, 155 attacks on schools	HAG Quarterly Report Q3, 2020; Attacks on Health Care Health Cluster, 1 Jan -31 Oct 2020; MRM Database July 2019 to June 2020
03	# of people newly displaced	309,000 people 2020	OCHA DTS, Nov 2020
04	# of people receiving trauma care (conflict)	346,202 trauma cases	Health cluster, Nov 2020
05	% of displaced households aware of feedback or complaints mechanisms to reach aid providers	15%	WoA Assessment, 2020
06	% of displaced households in catastrophic levels of debt (>65,000 AFN)	23%	WoA Assessment, 2020
07	% of the population in need of social assistance	76%	IPC (2+) Projection October 2020-March 2021
08	% of the population living in areas highly affected by conflict	19%	HTR Districts Analysis, July 2020
09	% of trader key informants reporting that women are able to safely access the market accompanied and unaccompanied	Not at all: 2% Accompanied: 33% Unaccompanied: 63%	JMMI, Nov 2020
10	% of displaced households who reported areas in or around their home where women and girls feel unsafe	39%	WoA Assessment, 2020
11	% of displaced households reporting individuals displaying changes in behaviour in the past year (mental health/trauma)	64%	WoA Assessment, 2020
12	% of displaced households with at least one member without a valid Tazkera (identity document)	87%	WoA Assessment, 2020
13	% of displaced households who report at least one member has a significant disability	15%	WoA Assessment, 2020

Part 3:

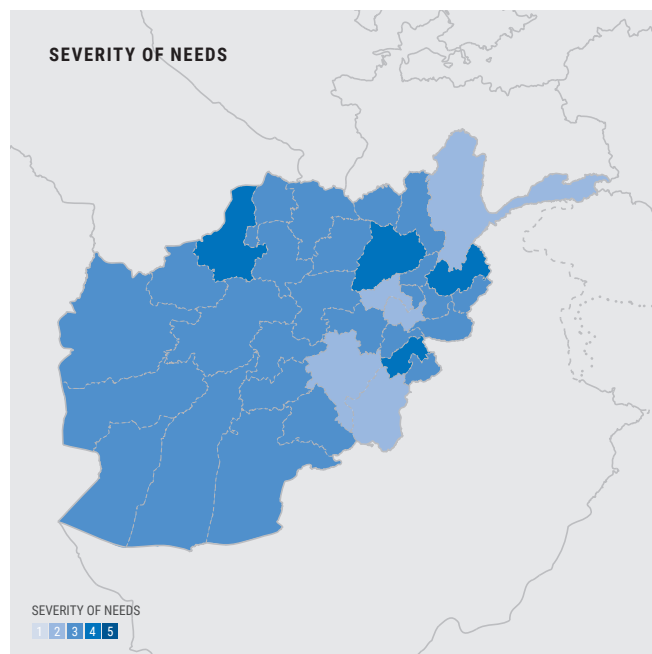
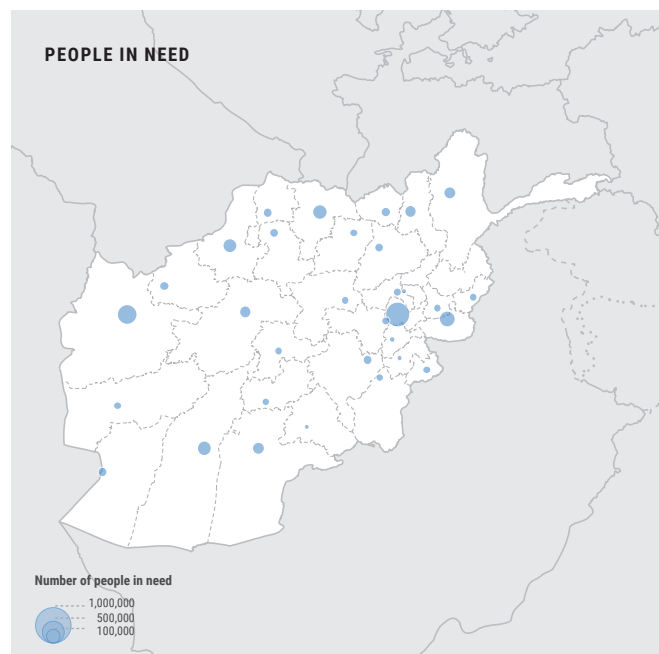
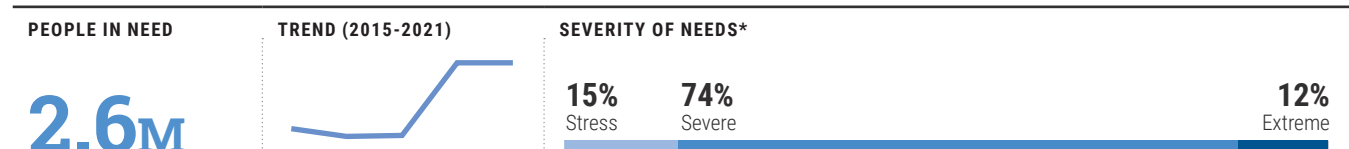
Sectoral Analysis

KABUL

Dr. Zia-u-Rahman Hasankhil, virologist and head of laboratory at the COVID-19 facility in Kabul performs a COVID-19 confirmatory test. Photo: WHO

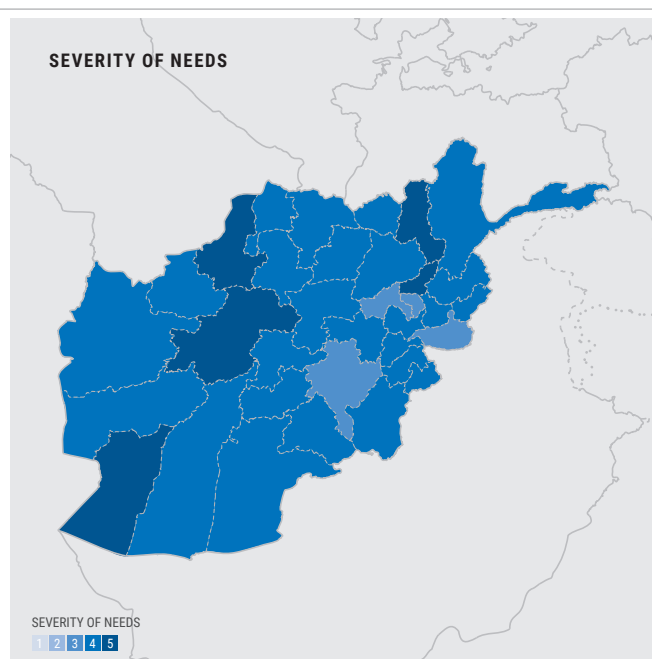
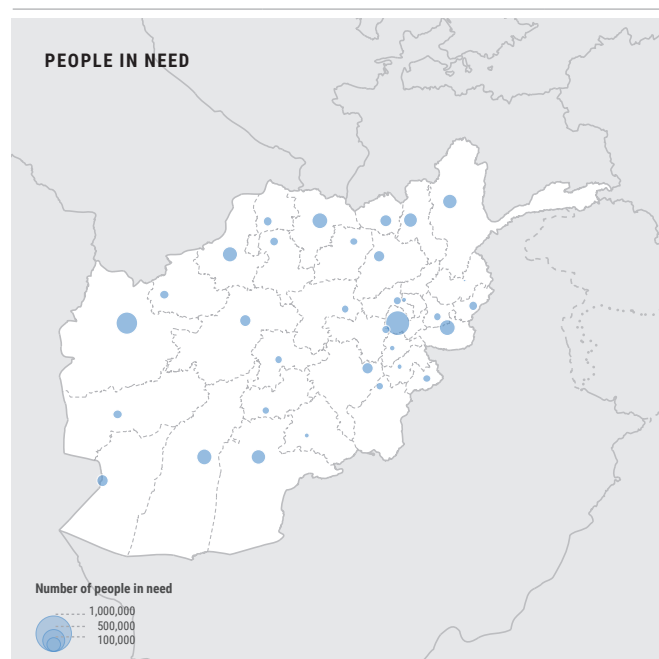


3.1 Education in Emergencies



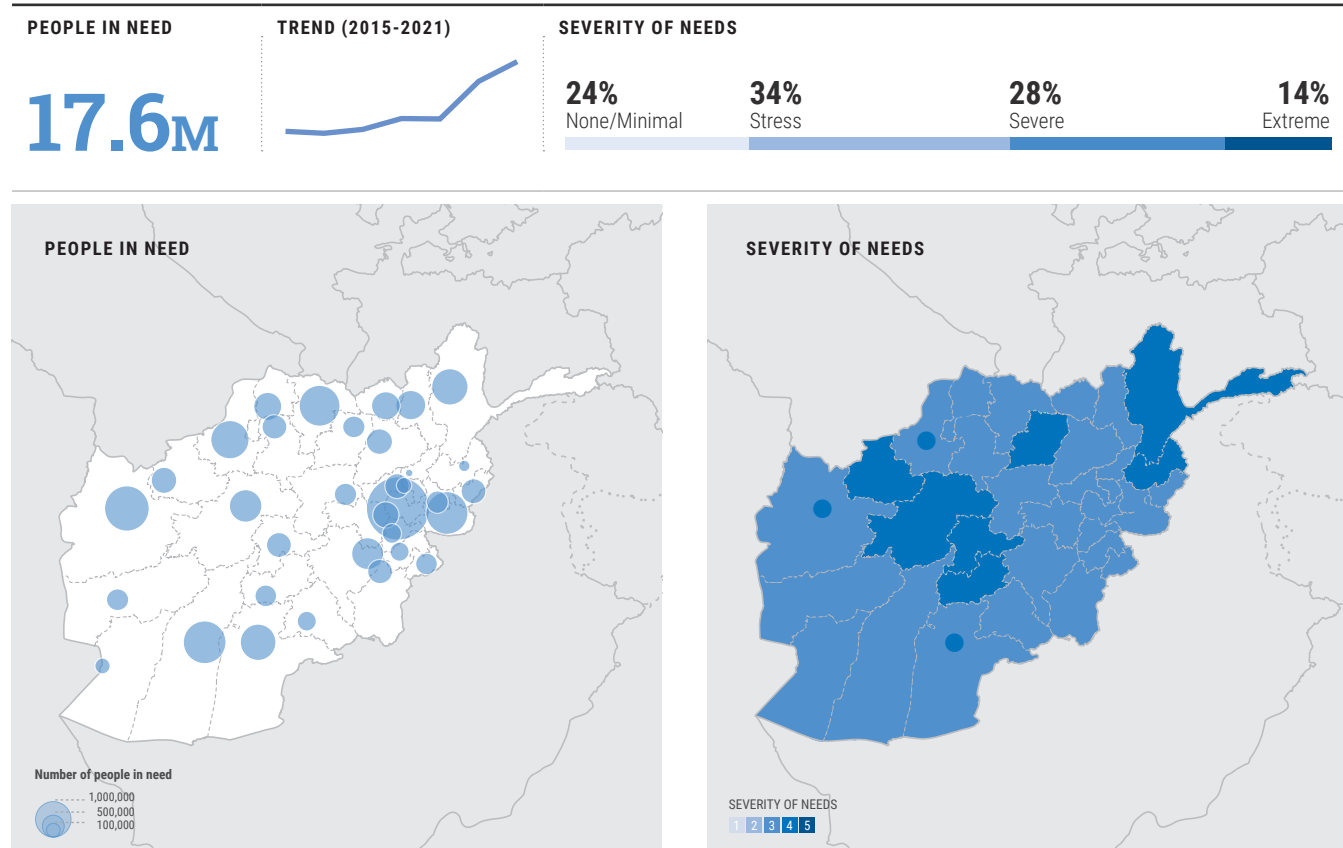
* As a proportion of area

3.2 Emergency Shelter and NFI

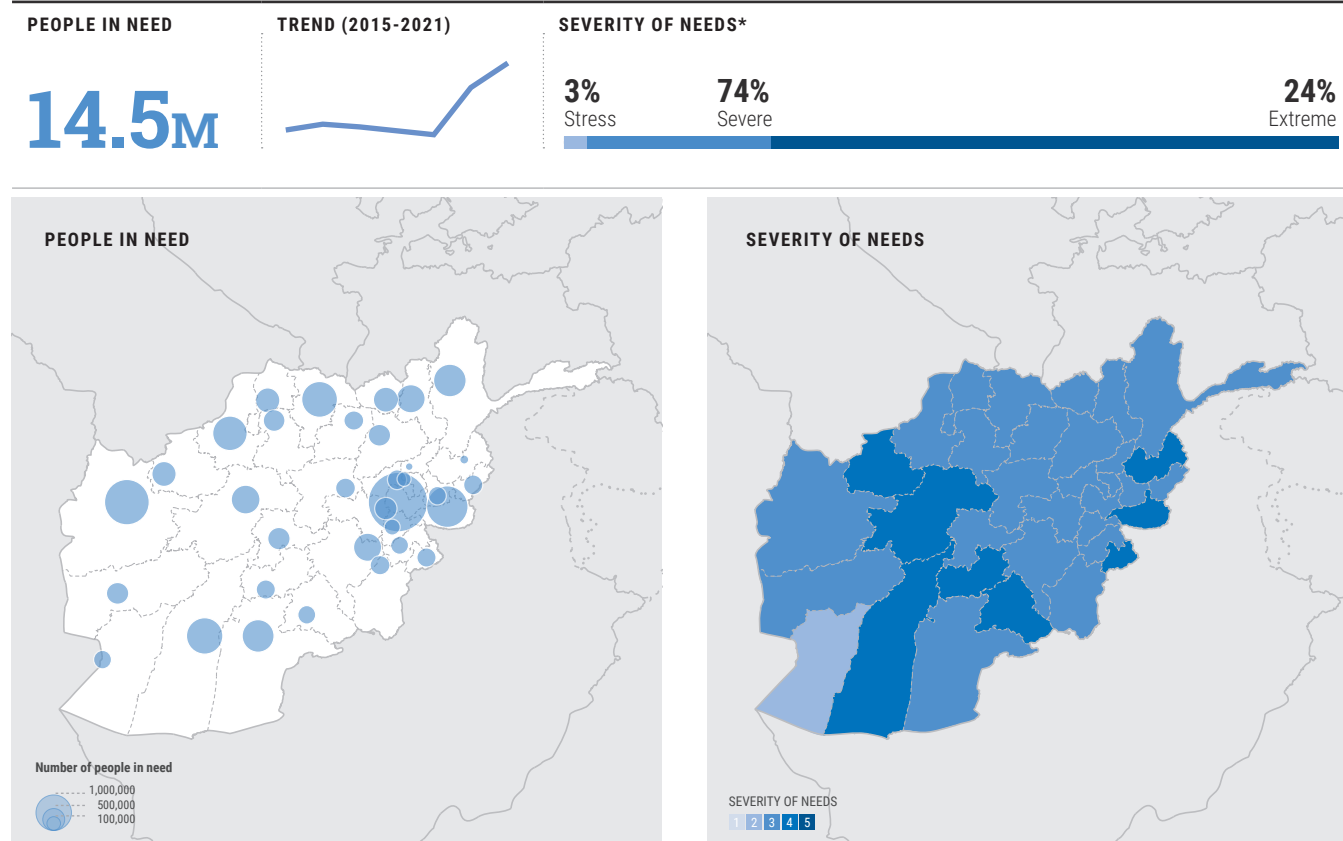


* As a proportion of PiN

3.3 Food Security and Agriculture

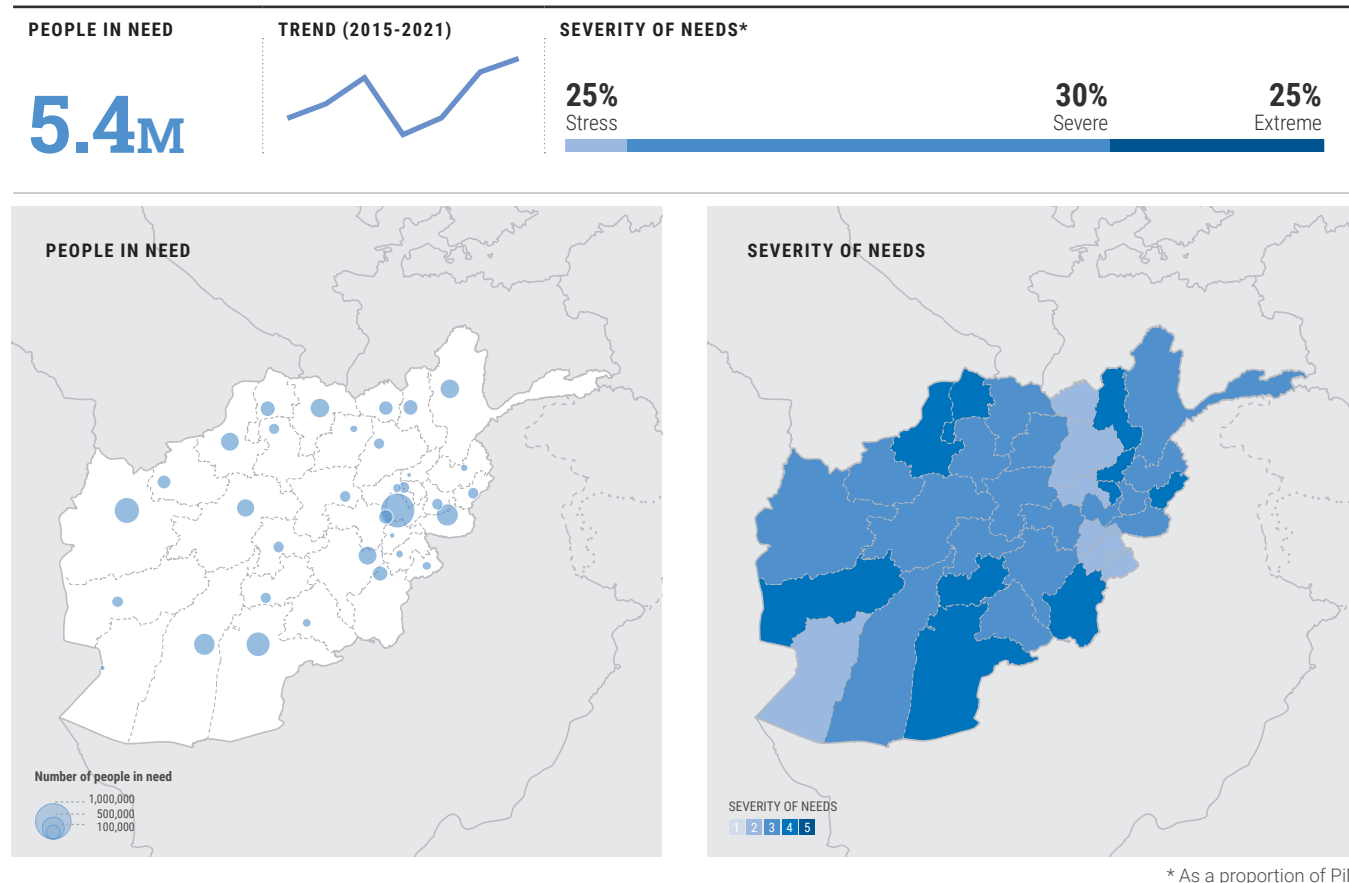


3.4 Health

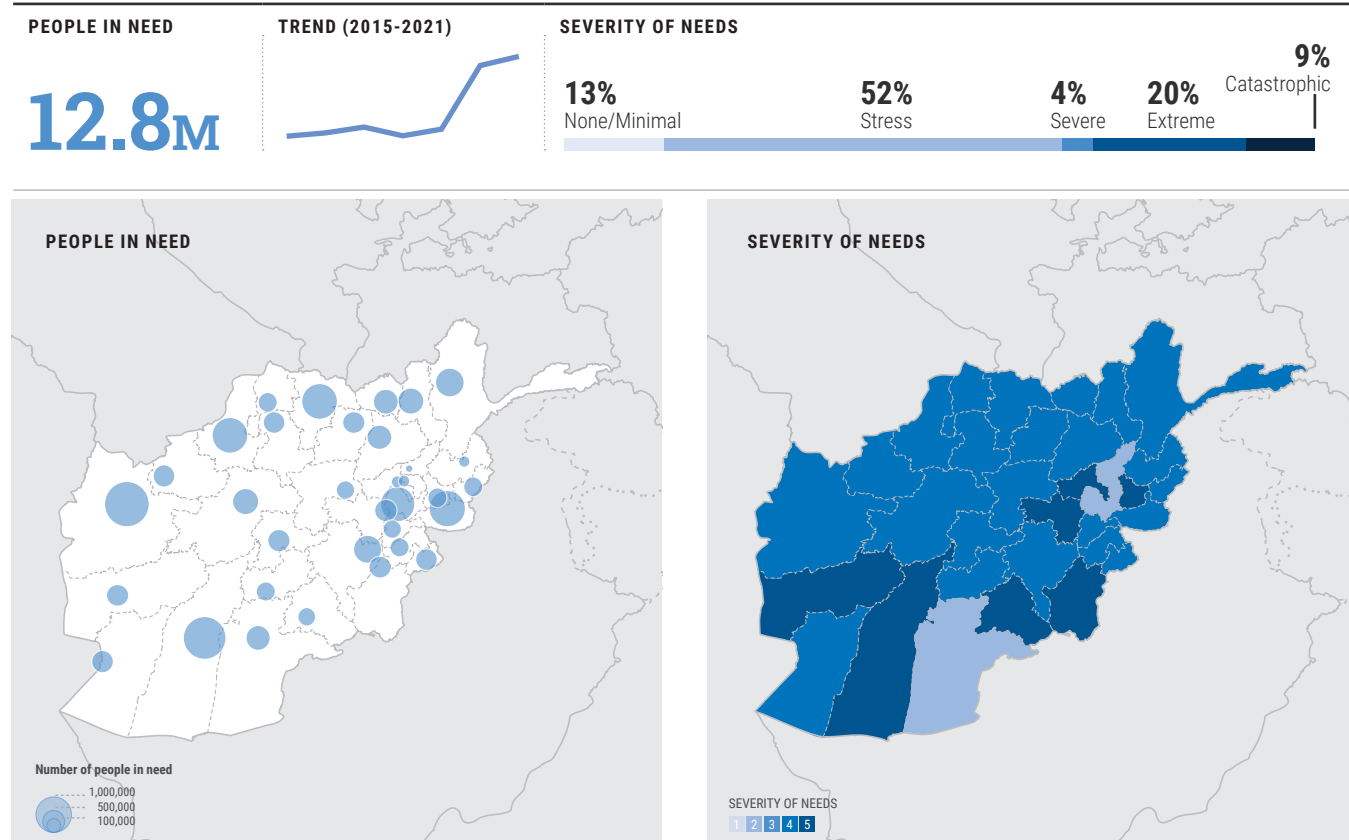


* As a proportion of area

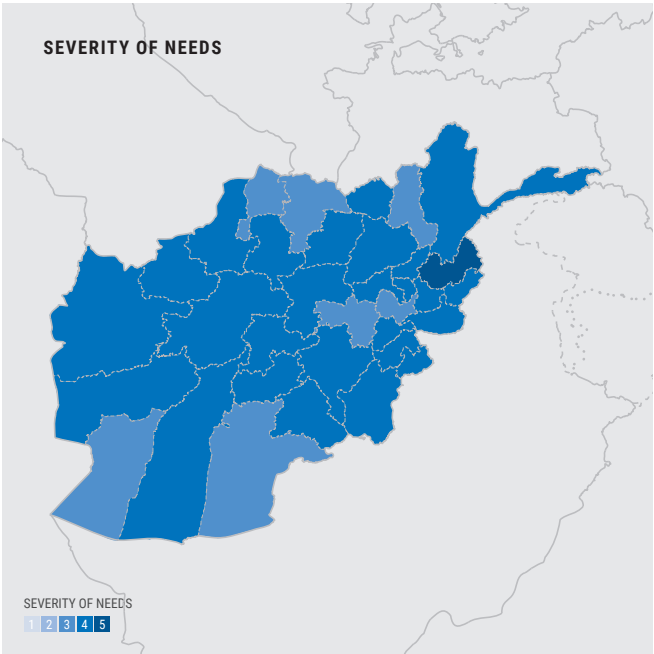
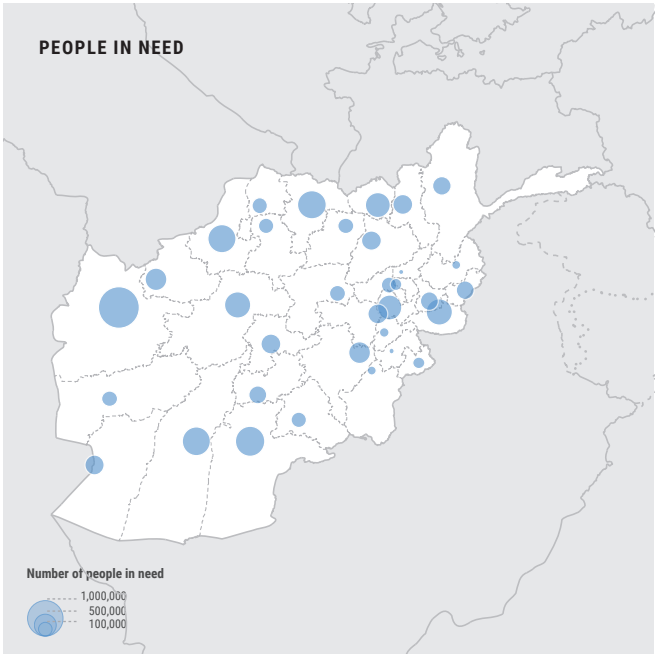
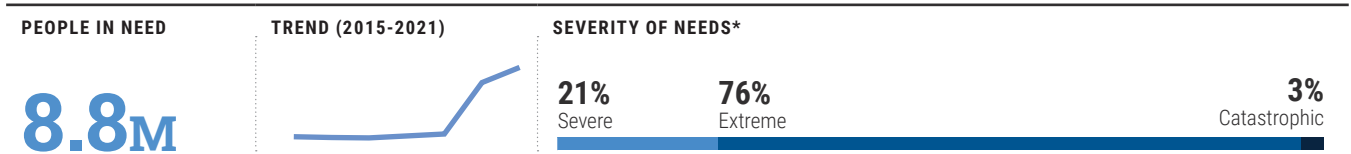
3.5 Nutrition



3.6 Protection



3.2 Water, Sanitation and Hygiene



* As a proportion of area

3.1 Education in Emergencies



PEOPLE IN NEED	GIRLS	BOYS	WITH DISABILITY	SCHOOL CLOSURES*	ATTACKS ON SCHOOLS
2.6M	1M	1.6M	91k	10M children affected	50

* Schools closures for 6 months due to COVID-19

Overview

Decades of conflict and chronic poverty compounded by new shocks, such as the ongoing COVID-19 pandemic, have presented immense barriers to children's education. Education is a human right and a life-saving intervention, enshrined for children in the Convention on the Rights of the Child (CRC). Lack of access to education affects vulnerable children's immediate wellbeing and medium-to-long-term resilience, as well as future earning potential and contribution to society.

Even prior to the COVID-19 pandemic, some 67 per cent of school-aged girls and 55 per cent of school-aged boys – among IDPs, cross-border returnees and refugees – were out of school.¹⁹³ Distance to schools and auxiliary education costs were the most frequently cited barriers for shock-affected children in accessing education.¹⁹⁴ In hard-to-reach districts, additional factors such as functionality of education facilities and cultural practices which do not promote education, especially for girls, make access to learning even more challenging.¹⁹⁵

As the COVID-19 pandemic reached Afghanistan in 2020, the Government of Afghanistan closed schools and restricted movement as part of its precautionary measures to limit the spread of the virus. These measures caused 10 million children to remain out of school for more than 6 months.¹⁹⁶ Prolonged absence from school coupled with limited access to television and radio-based distance learning programming in many parts of the country, especially in rural areas, resulted in the loss of access to education. Negative

coping strategies, such as child labour, early or forced marriage, and other forms of exploitation and abuse, were also being employed pre-COVID-19 due to poverty, insecurity, displacement, and natural disaster, and were further seen during the 2020 school closure period. With the arrival of a second wave of the virus in the final quarter of 2020, further school closures look likely over the winter. Attacks on schools have also undermined the right of children to a safe learning environment, compromising their physical and psychological wellbeing. In addition, there were 50 attacks on schools in the first 10 months of 2020 alone.¹⁹⁷ Fear of potential violence has also meant that children are pre-emptively kept from school. This constant interruption to education, as well as the inadequate availability of schools and teachers have grave consequences for children's capacity to thrive and contribute to the economic and civic future of their country. COVID-19 has also magnified existing gaps in availability of water, sanitation facilities and hygiene materials in schools and CBEs. Approximately 33 per cent of schools (nearly 6,000 schools that serve 2.3 million students) lack water and WASH facilities that are critical to keep children safe from COVID-19.¹⁹⁸

In 2021, some 2.6 million children (1,593,064 boys and 1,020,946 girls) are in need of EiE assistance.

Affected People

Some 165,000 internally displaced children, including those in displacement sites, as well as 122,220 returnee children from Iran and Pakistan will require EiE services in 2021. Additionally, 19,800 refugees; 23,000

asylum seekers; 66,000 host community children affected by natural disasters; and 2,228,080 vulnerable children who fall under IPC 3 and 4 will require EiE assistance to remain in schools.

Girls' education has been disproportionately affected by the protracted crisis, cultural limitations, and now COVID-19. Qualified female teachers are scarce in remote and hard-to-reach areas because of the lack of girls' enrolment past the early grades. This further limits access for girls whose families will not allow male teachers to teach their daughters, making the issue a cyclical one. In addition, displacement and negative coping strategies for vulnerable households prevent children from enrolling and attending school, especially in hard-to-reach areas, and gender and cultural norms further restrict access for girls. Children with disabilities – especially girls – are also disadvantaged with parents less likely to pursue their education. An estimated 80 per cent of girls with disabilities are out of school.¹⁹⁹

Recent IDPs have the greatest EiE needs with only 21 per cent of IDP children attending school four or more days per week on average prior to the pandemic – 82 per cent of the girls and 68 per cent of the boys were not enrolled in school.²⁰⁰ Recent returnees and refugees have similarly high proportions of girls and boys not enrolled in school (75 and 76 per cent for girls, respectively, and 59 per cent for boys in both population groups).²⁰¹ In addition, negative coping strategies for vulnerable households prevent children from enrolling and attending school in favour of employment that contributes to household income. The 2020 WoA Assessment also showed that recent returnee and IDP households had the highest rate of boys working outside the home (some 13 per cent). The 2020 WoA Assessment also showed that the rate of child marriage for girls was highest for non-recent

returnee children when compared to other population groups, with 15 per cent of these households reporting having married a child in the 30 days prior to data collection.

Analysis of Humanitarian Needs

An analysis of several assessment findings²⁰² shows that the highest numbers of children in need of emergency education are in Kabul, Nangarhar, Hilmand, Kandahar, Kunduz, Khost, Faryab, Baghlan, Paktika, Hirat, Uruzgan, Balkh, Takhar, Badghis, and Jawzjan provinces. Even without COVID-19, access to education is significantly lower in rural and hard-to-reach areas where children must travel far distances to reach school. There is also higher proportion of non-functioning schools due to damage, disaster, conflict and loss of teachers. During the COVID-19 school closure period in 2020, these inequalities remained. In a rapid assessment of six conflict-affected provinces, children from IDP families (enrolled in CBE) in urban areas were nearly four times more likely to access distance learning than those in rural areas.²⁰³ Households in remote and hard-to-reach areas, particularly where children's right to education is less institutionalised, may be slower to re-enrol children in schooling, as COVID-19 may have precipitated child labour and other forms of exploitation during the closure period.

With no signs of the conflict abating, displacement will continue to strain the already stretched public school systems and create additional need for EiE assistance. Loss of livelihoods and increased poverty will also continue to impact families' ability to send their children to school and some will opt to deploy them to hazardous work and other forms of exploitation instead. More than 3.7 million children were out of school in Afghanistan, even prior to the

Projected needs

PEOPLE DISPLACED IN 2021	RETURNEES IN 2021	PEOPLE AFFECTED BY SHOCKS IN 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
0.17M	0.15M	0.07M	2.23M	0.024M	2.6M

pandemic. While some of these children have acute humanitarian needs, the majority have chronic issues that are hindering their ability to access education. These children require a comprehensive Government and development assistance to complete a full cycle of education and realise their full potential.

Monitoring

In order to monitor needs in 2021, data will be collected at three levels – at the Ministry of Education (MoE) level; partner level; and community level. The EiEWG engages closely with the Ministry in government-controlled areas and education commissioners in NSAG-controlled areas. A functional Education Information Management System – which provides important information on access and attendance for the whole country – currently exists and this information will be used to monitor education needs

and gaps. At the partner level, EiE partners are expected to conduct educational needs assessments in their areas of operation and information gaps in hard-to-reach areas will be bridged via the regular REACH Initiative Hard-to-Reach Assessments. All of these assessments will continue to be shared within the EiE to monitor new school closures. COVID-19 prevention-related movement challenges and restrictions in 2020 following the outbreak of COVID-19 taught EiE partners the importance of having strong monitoring structures at the community level. In 2021, community governance structures (Shuras) will be strengthened and will assist in identifying education needs and passing these to both partners and MoE.

The EiEWG will also provide a mid-year status update on the sectoral needs indicators listed below, adjusting course as necessary based on the results.

Needs indicators

#	INDICATORS	BASELINE 2020	SOURCE
01	% of HH with at least one child (6-17) not attending formal or informal education regularly (at least 3 days a week) [aggregate indicator]	61%	WoA/ HTR SDR
02	% children in schools/CBEs without access to WASH facilities	43%	MoE and EiE monitoring database
03	% of community and school management shuras in need of sensitisation/training on RCCE and safe school operations	74%	EiEWG monitoring database

Contacts

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3.2

Emergency Shelter and NFI



PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY	EM. SHELTER NEEDS	NFI NEEDS
6.6M	1.4M	3.5M	0.6M	2.9M	5.8M

Overview

Conflict, natural disasters, and the erosion of communities’ resilience after 40 years of war have combined to create dire shelter and NFI needs in Afghanistan that have only been compounded by COVID-19 and related containment measures. The situation has been particularly challenging for people living in poverty, those that rely on insecure employment in the informal sector, those in underserved locations and those residing in informal settlements.

From 2018-2021, the number of people in need of shelter and NFI assistance has increased from 1.3 million to 6.6 million people. Steady year-on-year rises over the life of this plan are partly attributable to the large-scale displacement caused by the drought in 2018; early and atypical large-scale floods in 2019; the wider scope of humanitarian action in Afghanistan from September 2019 to include acutely vulnerable people with humanitarian needs; and the critical shelter and NFI needs induced by COVID-19.

According to the 2020 WoA Assessment, shock-affected people have reported shelter to be their second highest priority need after food.²⁰⁴ Shelter needs are central to people’s immediate survival and wellbeing, risking their safety, security and health through exposure to the harsh weather conditions or overcrowding. For many in Afghanistan, people’s living standards are not dignified, and the situation impacts on their ability to recover and cope with future shocks. Lack of adequate shelter exposes households to a variety of protection risks, including the lack of

privacy, eviction, exploitation and abuse, and in some cases increased exposure to sexual and gender-based violence.

DTM data shows that 5 million people have been displaced since 2012 and have not returned home.²⁰⁵ Many remain in urban and rural informal settlements, with sub-standard shelters, without access to safe water and sanitation facilities, and unable to support their own recovery. The WoA Assessment confirmed again that the vast majority (86 per cent) of those displaced longer-term are either unwilling or unable to go home in the near future and 47 per cent of those people say they never intend to return to their areas of origin.²⁰⁶ Their insecure land tenure in informal settlements on private land limits investment in shelter and infrastructure support, exposing residents to long periods of deprivation and accumulating vulnerabilities. While acute needs have emerged in informal settlements due to COVID-19, the needs of these groups are essentially development-related, with the Government and development actors best placed to invest in the durable solutions that could change people lives and support them to recover in the longer-term.

People who have been displaced for a prolonged period or multiple times are acutely vulnerable due to their depleted financial and emotional reserves. Poor shelter, lack of winter clothing, and other household items leave people vulnerable to disease and unable to cope with Afghanistan’s harsh winters. The COVID-19 pandemic has also decreased people’s purchasing power with displaced households in informal settlements more likely to report living in inadequate shelter, lacking

basic household items, experiencing a protection incident and a recent decrease in monthly income.²⁰⁷ Lack of appropriate documentation (with people either having never had formal documents or having lost them during displacement), coupled with limited processes and infrastructure to formalise or re-issue documents, poses high risks of eviction, exploitation, rights violations (by landlords) and potential disputes due to the difficulties in demonstrating ownership of land/shelter. Some 50 per cent of non-recent IDPs, 46 per cent recent IDPs, 45 per cent of non-recent returnees, 38 per cent of recent returnees, and 13 per cent acutely vulnerable people report living in a settlement without official permission to live or build.²⁰⁸ Urban planning challenges resulting from continuous internal displacement and unreliable water, electricity and communications, due to infrastructure underdevelopment and conflict-related disruptions across the country, further compound people's needs.

Overall, the deteriorating security and economic situation; disasters; worsening food security; increased household debt, direct and indirect effects of COVID-19 and the persistent prioritisation of acute life-saving activities over many years, without due attention on holistic, durable interventions that allow vulnerable people to recover, have ultimately contributed to the growing number of people in need. Of the 6.6 million people in need of shelter and NFI assistance in 2021, 2.9 million people are in need emergency shelter assistance (including rent support), 2.2 million people are in need of transitional shelter, 5.8 million people are in need of shelter repair and NFI assistance, and 6.4 million people are in need of winterisation support.

Affected People

Of the people in need of shelter and NFI assistance, more than two thirds (67 per cent) report having

either severe or critical ES-NFI gaps, with the highest need being among refugees (94 per cent) and recent IDPs (86 per cent).²⁰⁹ Some 75 per cent of recent IDP households, 61 per cent of returnee households and 68 per cent of non-recent IDP households report shelter as their second highest priority need, after food.²¹⁰

Across the country, a significant proportion of the population is living with one or more shelter deficits and at least 15 per cent of affected households report either severe or critical ES-NFI sectoral needs while exhibiting one or more vulnerabilities. These vulnerabilities include being a child-, elderly- or single-female-headed household, disability, high debt, changes in behaviour (mental health) and lack of documentation. The highest vulnerabilities are reported among refugees (86 per cent), as well as recent and non-recent IDPs (24 per cent and 23 per cent, respectively).

Drawing from past years' trends and the most likely scenario analysis, some 500,000 people are expected to be displaced in 2021, 365,000 of whom are likely to require emergency shelter and NFI support. According to the International Organisation for Migration (IOM) and UNHCR projections, more than 714,000 Afghan people are likely to return to Afghanistan from Iran and Pakistan in 2021. Many of those returning come back to communities devastated by conflict and chronic vulnerability. Loss of remittances, loss of livelihood opportunities in places of return and loss of family support networks all add to returnees' vulnerability. The 2020 WoA Assessment findings show that more than 60 per cent of returnees alone have critical ES-NFI needs. Many of them live in informal settlements where more than a quarter of people are renters and where many have insecure employment. For example, some 65 per cent of those in the Kabul informal settlement are unskilled labourers.²¹¹ Their situation is exacerbated

Projected needs

PEOPLE DISPLACED IN 2021	RETURNEES IN 2021	PEOPLE AFFECTED BY SHOCKS IN 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
0.37M	0.43M	0.17M	5.65M	0.04M	6.6M

by increases in average prices for staple foods since the onset of the pandemic, pushing families to adopt negative coping mechanisms. Additionally, of the 72,000 refugees in humanitarian need in Afghanistan, at least 78 per cent have critical shelter and NFI needs. Refugees reported deeper needs than any other population group with more than 50 per cent in need of emergency and transitional shelter support alone.²¹²

People's capacity to cope with repeated shocks has continued to be eroded. Displaced households struggle to absorb the cost of rent as displacement becomes prolonged and job opportunities remain low. Rent is central to the security and dignity of shelter. Many people are unable to afford rent and fear eviction. Similarly, the pandemic has also escalated household debt and negative coping mechanisms. Some 15 per cent of displaced households reported going into debt to satisfy shelter needs.²¹³ The costs of kinship and community support are high. Nearly a quarter of refugee households report going into debt due to the cost of hosting displaced household members.²¹⁴

The level of vulnerability increases for people with specific needs. Women, the elderly, adolescents, youth, children, people with physical and mental disabilities, refugees, migrants, and minorities experience the highest degree of socio-economic marginalisation, especially in the winter. Most households report extreme coping mechanisms with more than 61 per cent of shock-affected households reducing money spent on food and other expenditure such as for healthcare, to survive the winter.²¹⁵ Approximately 68 per cent of affected households report borrowing money or going into debt during the winter. Women-headed households are less likely to repay their debts compared to male headed households.²¹⁶ In Kabul informal settlements, 13 per cent of women-headed households rely on begging to survive.²¹⁷

Household air pollution is particularly acute during the winter as thousands of families use plastic, car tyres and raw coal in their stoves for heating purposes. Recent IDPs and returnee households are more likely to report not having a heating device (78 per cent and 71 per cent, respectively). During the last winter (2019-20), 60 per cent of households were unable to

heat their shelter sufficiently, with more than a third of households resorting to burning plastic or other harmful materials. The situation is more severe in Nimroz, Ghor, Badakhshan, Jawzjan and Parwan provinces where between 93 per cent and 96 per cent of displaced households report not having access to a heating device.²¹⁸ Women and children are at particular risk of exposure to household air pollution as they stay at home more than men. Women and girls living in sub-standard and overcrowded shelters are also more vulnerable generally. They often do not feel safe in makeshift shelters which do not offer privacy, safety and protection.²¹⁹ More than half of shock-affected IDP households, and one in four households overall, reported feeling unsafe, most commonly due to natural disasters in general, or shelters failing during natural disasters.²²⁰

Analysis of Humanitarian Needs

In 2021, the ES-NFI Cluster employed a deeper needs analysis, utilising more up-to-date data and covering a broader range of vulnerability thresholds, including debt burden. The 2020 WoA Assessment shows that shelter and NFI needs have deteriorated due to the socio-economic impact of the COVID-19 pandemic and persistent conflict and natural disasters, sending millions of people into debt and eroding their ability to cope and pay rent, repair their damaged homes, or buy basic household items. Some of the indicators used in the analysis of needs severity include the type of shelter, level of damage, security of tenure, access to priority NFIs and blankets for winter season.

The situation is pronounced for those in prolonged displacement. Eighty per cent of non-recent IDPs report having either severe or critical ES-NFI needs. Similarly, across other population groups, 86 per cent of recent IDPs, 94 per cent of refugees, 74 per cent of returnees and 67 per cent of acutely vulnerable people reported having either severe or critical ES-NFI needs. Shelter needs alone (both emergency and transitional) are reported to be the highest among refugees (50 per cent), followed by non-recent IDPs (37 per cent), recent IDPs (36 per cent), cross-border returnees (30 per cent) and acutely vulnerable people (21 per cent).²²¹ The range of shelter issues reported by displaced

households includes a lack of insulation (59 per cent), leaking during rain (44 per cent), poor ventilation (36 per cent) and presence of dirt or debris attributed to use of sub-standard building materials (15 per cent).²²²

Some 46 per cent of IDPs reside in informal settlements where 7 per cent are in tents, open space or makeshift shelter, and 6 per cent in unfinished houses.²²³ Shelter and NFI items remain unaffordable to many and people resort to coping mechanisms such as borrowing, living with others, and moving from one location to another. Some 39 per cent of people living in informal settlements report being unable to afford construction materials or labour.²²⁴ While construction materials and household items are available in major urban centres, they remain unaffordable to many.

Transitional shelter and shelter repair needs remain high with substantial unmet needs in 2020 due to a focus of funding on emergency pandemic needs. Just \$3 million in funding was received for these more durable interventions, despite these being a crucial element of ES-NFI planning for 2020 under Strategic Objective 3 of the HRP. This has serious implications for needs in 2021. The situation is more pronounced for those who have been displaced for more than six months and for women-headed households who already have very limited access to employment opportunities. More than 5.8 million people need shelter repairs or upgrades, with more than 80 per cent of people reporting their shelter has an integrity issue – including lack of insulation and leaks during to rain, among others.²²⁵ Disaster-affected households are often forced to live in damaged shelters with 25 per cent reporting houses with significant damage and 57 per cent with partial damage.

People's lack of access to warm clothing and heating coincides with limited livelihood opportunities and heightens the risk of preventable mortality, especially among children and the elderly. More than 28 per cent of IDPs use waste (paper, plastic, carton board, etc.) and 50 per cent use wood and bushes as their primary source of energy for heating.²²⁶ A staggering 61 per cent of households report possession of less than one blanket per family member and 55 per cent of displaced households report having no winter clothes

for any of their children.²²⁷ In addition, 56 per cent of people reported having less than three out of six essential household items. These household items are a necessity, not only as part of an emergency response, but also in mitigating the spread of COVID-19 and in reducing the number of households sharing core relief items.

Insecure land tenure concerns remain a challenge on many fronts, mainly presenting risks for eviction, exploitation, or rights violations, as well as driving land and shelter disputes. IDPs are increasingly exposed to weak land tenure and forced evictions. Almost three quarters (72 per cent) of IDP households are living in a shelter without any written documentation establishing their right to be there.²²⁸ Limited clarity on the extent of rights and responsibilities of private landowners, beneficiaries and other stakeholders greatly contributes to the success or failure of emergency shelter responses and limits provision of transitional shelter, in turn leaving needs unaddressed.

Monitoring

The Cluster's ability to obtain reliable assessment data – from humanitarian partners and through government line ministries – will remain critical to providing an independent and impartial picture of ES-NFI needs. The Cluster will continue to rely on the WoA Assessment and cluster-led assessments as its key data sources. Other proxy sources will be sought including individual partner assessments, DTM data, ERM data and the IOM HAP. Narrative observations will be included in the mid-year monitoring report to take stock of the trajectory of ES-NFI needs across the country, even if numerical comparisons may not be feasible. The Cluster will also continue to monitor displacement, cross-border movement, and the impact of disasters throughout the year to guide preparedness and response to needs. Additionally, ES-NFI partners will also undertake field missions to hotspot areas to verify key drivers of emergency shelter and NFI needs. Throughout 2021, the Cluster will continue to work with AWAAZ to respond to ES-NFI-related referral calls to ensure communities' concerns are heard and duly incorporated in the understanding of needs as well as response.

Needs indicators

#	INDICATORS	BASELINE 2020	SOURCE
01	% of households in need of shelter assistance	83%	WoA Assessment
02	% of households in need of non-food items	60%	WoA Assessment
03	% of households requiring assistance to cope with the winter season	84%	WoA Assessment, 2019-2020 Winterisation Strategy

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3.3

Food Security and Agriculture



PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY	IPC PHASE 3 & 4	HIGHLY INDEBTED
17.6M	4M	9.5M	1.5M	16.9M	84% displaced households

Overview

Over the past 5 years, the food security situation in Afghanistan has steadily deteriorated with the percentage of food insecure people doubling (from 37 per cent in September 2015 to 76 per cent in Nov 2020), while the proportion of people in crisis or emergency levels of food insecurity has increased more than five-fold (from 8 per cent to 42 per cent over the same period).²²⁹ The 2020 SFSA shows that the current scale of acute food insecurity in the country is now comparable to the situation faced in 2018-2019 – the worst year for food insecurity in recent memory which resulted from a devastating drought.

Through until March 2021, 42 per cent of Afghanistan's population or 16.9 million people are estimated to be in crisis and emergency levels of acute food insecurity requiring humanitarian assistance to survive.²³⁰ Shockingly, 5.5 million people are now in emergency levels – the second highest number of people in the world – and are at immediate risk of sliding into a catastrophic situation without support. These recent projections show a sharp increase from the June 2020 figures which were already at elevated levels with 33 per cent of the population in IPC 3 and 4 food insecurity. Since the start of the COVID-19 crisis in March 2020, there has been a 9 per cent jump in the number of people facing acute food insecurity.²³¹

COVID-19 has magnified people's vulnerabilities that were already extreme due to recurrent conflict and disaster shocks. A surge in food prices at the onset of the pandemic also compounded the severity of the situation as an increasing number of households allocated greater proportions of their household

expenditure towards food. Although prices for staple food items have largely stabilised towards the end of 2020, they remain well above the price points prior to the COVID-19 crisis.

The deterioration in the food security situation has posed significant threats to people's immediate survival and wellbeing. Combined with other factors, it has also fuelled surging acute malnutrition particularly among for women and children. Without sufficient recovery support, the food insecurity situation is becoming a protracted crisis, that is pushing people to adopt harmful coping mechanisms that compromise their health, dignity and essential livelihood assets.

Similarly, people's livelihood options are dwindling year-on-year. The proportion of households living with an 'emergency' LCSi score has more than doubled in a year from 16 per cent in 2019 to 42 per cent in 2020.²³² This is the most severe category of coping mechanisms people can employ – such as selling one's land – which not only affects future productivity but is more difficult to reverse in the future as part of a recovery process. While the pandemic did not directly impact agricultural production, movement restrictions affected markets and have resulted in constraints and delays in accessing agricultural inputs – seeds, fertiliser, fodder, feed, pasture, veterinary and extension services. Furthermore, loss of wages and the decline in household income have eroded people's living standards in both rural and urban areas, leaving people in need in city locations where this has not been seen before. Household debt levels are also soaring, with food the most common reason for people to borrow money.²³³

Food Security

PEOPLE IN NEED	WOMEN	CHILDREN
17.6M	4M	9.5M

Unmet needs in past years, due in part to underfunding of durable livelihood interventions or late funding, are compounding growing food insecurity needs with the number of people in emergency levels of food insecurity (IPC 4) increasing from 8 per cent in 2019 to 14 per cent in 2020. In 2021, some 17.6 million people are in need of both food assistance and livelihoods support. This includes people displaced due to conflict or natural disasters, people affected by shocks including COVID-19, returnees, refugees and acutely vulnerable people in crisis and emergency levels of food insecurity.

Affected People

While food needs are widespread across Afghanistan, the highest numbers of food insecure people are in Kabul, Hirat, Nangarhar, Balkh, Faryab, Hilmand, Kandahar, Badakhshan Ghazni, Ghor and Takhar provinces. The ongoing pandemic has also caused people to lose their jobs and income with primary breadwinners becoming sick and unable to work. This has created a notable increase in the number of food insecure people across the major urban areas, along with the reoccurring food insecure provinces of the central and northeast highlands.

The burden of food insecurity still disproportionately falls on women who must often decrease their food intake to ensure there is enough for their children and male family members to eat. Households are often forced to switch to less nutrient-rich and cheaper foods which can have serious impacts on the nutritional health of younger children and PLW. Families who are facing decreased income often resort to borrowing to meet their food needs, with credit provided at higher than average rates. This has combined with unseasonably high food prices and decreased the purchasing power of households to put enormous pressure on household budgets. This is even ahead of

Livelihoods

PEOPLE IN NEED	WOMEN	CHILDREN
8.1M	1.8M	4.4M

seasonal increases in prices during the lean season, which vary based on geography and onset of snows, but usually running between December and March when food availability declines and remaining food stocks are consumed. In urban areas, where many protracted IDPs with insecure tenure are concentrated in informal settlements with insecure employment, people's capacity to maintain adequate food consumption is greatly reduced. Food insecurity and livelihoods in urban areas have deteriorated severely over the past year with 40 per cent of households reporting a poor food consumption score in 2020 compared to 16 per cent in 2019. At the same time the percentage of urban households using emergency coping strategies has gone from 11.7 per cent in 2019 to 30 per cent in 2020.²³⁴ The decrease in economic activity due to a regional economic slowdown and weak labour markets in adjacent countries has reduced the livelihood options and value of remittances for vulnerable families across Afghanistan. World Bank estimates show that income from remittances has decreased by up to 40 per cent in 2020 (as compared to 2019), as a result of COVID-19 and population movements.²³⁵

Refugees have the highest levels of borderline and poor food consumption scores with 77 per cent of the refugee population found to have severe or extreme food security needs and more than 90 per cent reporting borrowing food or borrowing money to buy food.²³⁶ Their livelihoods are also extremely insecure due to their precarious legal status and heavy reliance on inconsistent daily wage labour.

Analysis of Humanitarian Needs

The combined effects of livelihood losses magnified by the recent shocks (including conflict and COVID-19) have delivered a devastating blow to the national food security situation. The main food insecurity drivers

Projected needs

PEOPLE DISPLACED IN 2021	RETURNEES IN 2021	PEOPLE AFFECTED BY SHOCKS IN 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
0.45M	0.20M	0.16M	16.94M	0.072M	17.6M

include reduced employment opportunities, reduced income and a steep surge in food prices. These drivers were compounded by the death or illness of household income providers due to COVID-19 or non-COVID diseases, conflict, and recurrent disasters.²³⁷ Overall, 59 per cent of households have experienced reduced income; 55 per cent of households have reported loss of employment; and 48 per cent of households have reported severe sickness among family members (of which nearly 60 per cent relate to COVID-19).²³⁸ Compared to 2019, there is an increase in the proportion of households with poor food consumption (up by 5 per cent) as well as in the proportion of households consuming less than 5 different food groups (up by 15 per cent).²³⁹ Similarly, the proportion of households with a moderate to severe level of hunger has increased (up by 11 per cent) as well as the proportion of households allocating more than 75 per cent of their monthly expenditure to food (up by 12 per cent).²⁴⁰

The September 2020 SFSA further showed that some 48 per cent of households in Afghanistan had experienced some sort of hunger in the 30 days prior to the survey, 3 per cent of whom experienced severe hunger. Levels of severe hunger were particularly high in Sar-e-Pul (15 per cent), Kandahar (6 per cent), Hirat (7 per cent), Kabul (6 per cent) and Daykundi (8 per cent). In 2020 there has been a 12 per cent yearly increase in households adopting high food-based coping strategies to meet their basic food needs. These include mainly relying on less preferred and inexpensive food (often with a nutritional deficit); borrowing food or relying on support from kinship groups; and limiting the portion size of meals. More than a quarter of households have used these food-based coping strategies in Uruzgan, Ghor, Badghis, Hilmand and Laghman provinces. The latest IPC projection which covers the months of November 2020 – March 2021 shows that Badakhshan, Badghis, Daykundi, Ghor,

Nuristan, Samangan, Uruzgan and the urban centres of Hirat, Kandahar and Maymana are classified emergency levels of food insecurity (IPC 4).

Agriculture remains one of the primary sources of livelihood for the people of Afghanistan. In a good production year, a household's own agricultural production will last for less than six months for at least half of the agrarian households.²⁴¹ However, in 2020 the domestic wheat harvest left a deficit of 1.3 million metric tons.²⁴² This is forcing agricultural families to cover the rest of their food needs through other external sources – savings, sale of productive assets and livestock, borrowing food, working for food, and sending household members out of the country to work and send money back. Food shortages threaten the immediate survival and wellbeing of people. For farming households, crop pests and diseases, damaged irrigation systems, and problems accessing seeds and fertiliser were the major challenges faced in 2020. The outlook for 2021 looks grim with around 90 per cent of those with access to agricultural land reporting that they will not have access to certified wheat seeds and another 66 per cent saying that they will not have access to any type of wheat seeds for the next cultivation season which runs from May until December.²⁴³ Anticipated drier than usual conditions over the 2020-2021 winter season due to La Niña are expected to cause impacts on agricultural productivity and increase indebtedness, causing further erosion of resilience and increase vulnerabilities for the poorest people. Wide prevalence and scale of debt continues to perpetuate adoption of negative coping mechanisms, eroding household resilience and overall coping capacity with 42 per cent of households now using 'emergency' coping strategies.²⁴⁴

Herding households are also experiencing a decline in their livestock herd size with implications for income generation. The September 2020 SFSA found that

while nearly half of the households owned livestock, their herd size had significantly decreased, down by 14 per cent overall, 16 per cent for small ruminants (sheep and goats), 14 per cent for buffalos and 4 per cent for cattle and yak. The same assessment found that livestock productivity had deteriorated for 48 per cent of herders, compared to the same period in 2019. Shortages in pasture and fodder, high prices for fodder and concentrated animal feed, limited access to veterinary services, and poor water availability are some of the main challenges faced by herding households that are compounded by marginalisation of some nomadic farming families. The decline in people's herds and persistent challenges impeding expansion of livestock held by each household combine to erode people's capacity to re-establish their livelihoods and their ability to cope with the impact

of even small-scale shocks. In 2020, there was an 11 per cent increase of households adopting emergency coping strategies (as compared to 2019)²⁴⁵ further delaying people's early and medium-term recovery.

Monitoring

Monitoring of the primary needs indicators for FSAC occurs in the bi-annual IPC analysis. For shock-affected households, the use of baseline and end-line assessments allows FSAC partners to capture the impact of assistance on Food Consumption Scores. HEAT assessments and the post-harvest SFSA capture the number of households who have faced a reduction in their income. For 2021, FSAC will monitor needs using the following indicators.

Needs indicators

#	INDICATORS	BASELINE 2020	SOURCE
01	% of people in IPC phase 3 and 4	33%	IPC Acute Analysis 2020
02	% of shock-affected HHs with a poor food consumption score	46%	SFSA, Post Distribution Monitoring and WoA Assessment 2020
03	% of HHs who have lost their source of income due to conflict, natural disaster or reduced employment opportunities	43%	HEAT assessments and Seasonal Food Security Assessment (SFSA) 2020

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3.4 Health



PEOPLE IN NEED

14.5M

WOMEN

3.3M

CHILDREN

7.7M

WITH DISABILITY

1.2M

NO HEALTH CARE ACCESS

7M

TRAUMA CASES

311k

Overview

Weak health systems and disrupted access to health care, partly owing to decades of war, disaster and under-investment, have left millions of Afghans with mounting health needs in the face of a global pandemic. Efforts to expand health systems across Afghanistan have yielded some gains over the past decades. Between 2007 and 2017, life expectancy at birth progressively increased, from 52 years in women and 53 years in men to about 63 years for both sexes. Maternal mortality also declined from 600 deaths per 100 000 livebirths in 1990, to 299 deaths per 100 000 livebirths in 2017.²⁴⁶ Despite this progress however, the geographic distribution of health centres in the country is uneven and insufficient to meet need. Health service supply versus demand is one of the lenses used to determine the number of people in need of humanitarian health assistance, together with compounding vulnerability factors.

Attacks on health facilities and personnel frequently lead to closures affecting health access for hundreds of thousands of people and resulting in unmet health needs. Since the COVID-19 outbreak and widespread myths about the disease, people's care-seeking behaviour has reduced, in turn leaving many diseases untreated and allowing them to become more severe. Mobile treatment options do not reach as many people as static facilities, leaving unmet health needs. Infectious diseases, poor maternal and neonatal health, and malnutrition still cause substantial mortality and morbidity, and non-communicable diseases are becoming more prevalent.²⁴⁷

The under-developed health system and high rates of underlying health conditions have left the people of Afghanistan worryingly vulnerable to getting sick or dying from COVID-19. Hospitals and clinics are reporting challenges maintaining or expanding their facilities' capacity to treat patients with COVID-19, as well as maintaining essential health services, especially in areas of active conflict. Additionally, while 14 laboratories are now operating in Afghanistan, the capacity of these facilities remains limited and stocks of supplies have periodically run out. While national capacity for COVID-19 testing has topped 5,500 samples a day, fear of approaching health facilities has meant that fewer than 400 tests are actually being conducted daily.

2020 saw a surge in people returning to Afghanistan from Iran – an early hotspot for COVID-19. This accelerated community transmission of the virus across all 34 provinces as returnees fanned out across the country, back to their places of origin or into overcrowded urban centres. People returned without a good understanding of COVID-19 mitigation measures and without the financial nest-egg they would usually have earned overseas, leaving themselves and host communities extremely vulnerable.

As of mid-December 2020, there were almost 50,000 confirmed COVID-19 cases in Afghanistan across all 34 provinces. Just over 2,000 people had died – at least 79 of whom are healthcare workers. However, only 170,000 people out of a population of 40.4 million have been tested meaning this is likely to be a gross under-estimation of real infections. A national

COVID-19 morbidity and mortality survey by MOPH, Johns Hopkins and WHO in May and June 2020 looking at people with positive COVID antibodies, estimated that 31.5 per cent of the population had been already infected.²⁴⁸ The estimation was even higher for Kabul, with more than 50 per cent of people thought to have been exposed. Published in July 2020, these figures suggested that even this is an under-estimation of full-year 2020 infections. A separate telephone survey was conducted by MOPH in May 2020 with randomly selected health volunteers (713) who answered questions to help estimate COVID-19 morbidity in the country. The survey estimated that the proportion of people with COVID-19 signs and symptoms was 49.6 per cent.

While COVID-19 has been in the spotlight throughout 2020, conflict remains the leading threat to both physical and mental wellbeing across Afghanistan. In the first 11 months of 2020, some 346,202 people have been treated for physical traumatic injuries caused by a variety of dangers including combat and landmines. Many will be left with life-long disabilities, requiring post-operative care, rehabilitation and prosthetics. Post-traumatic stress is also widespread, affecting those in combat, while daily exposure to violence means many mothers, children and adolescents live with some form of distress, impairing them from their daily activities. Lack of access to health care has reduced people's living standards, with one-third of the population (mostly in hard-to-reach areas) unable to access a functional health facility within two hours. The lack of resources and capacity within the public health system, coupled with hidden costs for private care and medicines, additionally undermine access to healthcare in Afghanistan. Health facilities, including secondary and tertiary structures, are often understaffed, under-trained, and under-resourced. Ancillary costs for patients, such as transport, are a further barrier to accessing healthcare, particularly in the current socio-economic environment where people's coping capacities are eroded. The 2020 WoA Assessment showed that health costs were the second most common reason, after food, for a household to have taken on debt, with average spending on

healthcare in the 30 days prior to the assessment being 2327 AFN/\$30.²⁴⁹

In 2021, some 14.5 million people, one third of the population, will be in need of health assistance.

Affected People

Women are the most vulnerable when it comes to accessing health care. The limited number of female medical staff, as well as cultural limitations on women's movement, continue to restrict women's access to life-saving treatment and services (both COVID-19-related and non-COVID-19-related). For example, only approximately 50 per cent of pregnant women in Afghanistan deliver their children in a health facility with a skilled attendant, in contrast to the 70-80 per cent reported in many other low-income countries. This is especially challenging during the pandemic where women bear a high care burden, exposing them to increased risk of contracting the virus. While official figures suggest more men than women have contracted the virus, this is likely to be a result of unequal access to testing. The COVID-19 burden is also higher in urban centres than rural areas. While official figures suggest more men than women have contracted the virus, this is likely to be a result of unequal access to testing.

GBV continues to be a silent crisis in Afghanistan. The COVID-19 pandemic has exacerbated this pre-existing problem. Health is most often the entry point for victims of GBV. The limited physical and psychological treatment available for victims of GBV continues to affect their recovery. One report by UNFPA suggests that 32 per cent of women who are victims of GBV have significant physical injury.²⁵⁰ This means that inability to access health care for GBV may have detrimental consequences on their survival.

Disease outbreaks affect women and men differently, and pandemics make existing inequalities for women and girls and discrimination against other marginalised groups such as people with disabilities and those in extreme poverty, worse. The emergency response to the COVID-19 pandemic also means that resources

for sexual and reproductive health services may be diverted to deal with the outbreak, contributing to a rise in maternal and new-born mortality, increased unmet need for contraception, and an increased number of unsafe abortions and sexually transmitted infections. A severe shortage of trained female doctors and midwives is also a major obstacle to extending reproductive health care to Afghan women.²⁵¹

Children are also disproportionately suffering. Afghanistan continues to have one of the highest rates of child stunting which has serious implications for children's long-term physical and cognitive development. Afghanistan is also one of three countries where wild polio remains endemic. Complications from acute malnutrition often occur often after a deterioration in a person's nutritional situation, increasing the chances of mortality including for children.

Inadequate access to health services and unfavourable conditions faced by many returnees and IDPs, exposes them to a variety of health risks. Tuberculosis, HIV/AIDS and other sexually transmitted infections are increasingly prevalent among migrants in many parts of Afghanistan, rapidly making the issue of migrant health a priority. In 2020, more than 500,000 returnees have been screened for infectious diseases with 2 per cent identified to have tuberculosis.²⁵² Some 26 per cent of migrant pregnant women have no access to prenatal care.²⁵³ COVID-19 is also a disproportionate threat to people on the move, not in their own home, in overcrowded conditions with communal facilities. Recurrent natural disasters also increase the mortality and morbidity of the most vulnerable population. Some 36 per cent of children under five experience AWD during major floods.²⁵⁴

People with a disability struggle even more in terms of access to health services, despite their often elevated health needs. Firstly, they are less likely to be able to walk to a nearby health facility or escape from danger in the event of a natural disaster. Secondly, their situation often leaves them in a precarious economic situation unable to generate the income they need, therefore, limiting their ability to seek healthcare even more. The 2020 WoA Assessment shows that 85 per cent of displaced households reported spending on healthcare in the past 30 days. The proportion of spending is higher for some sub-groups – with 94 per cent of households headed by a person with a disability and 93 per cent of women-headed households reporting spending on healthcare.

Analysis of Humanitarian Needs

Recent Health Cluster estimates suggest that more than 7 million people have no or limited access to essential health services due to insufficient coverage by the public health sector and direct interruptions due to conflict and insecurity.

By year's end the country was already seeing a second wave of COVID-19 infections heading into winter with WHO warning it may be deadlier than the first. Without a national death register, deaths from COVID-19 are likely to be significantly under-reported and impossible to accurately gauge. The economic imperative to work and the crowded nature of Afghan houses make physical distancing challenging. Limited availability of fully trained medical professional and health workers has, at times, led to problems in laboratories which have been temporarily out of service due to contamination. Weak infection prevention and control, as well as short supply of personal protective

Projected needs

PEOPLE DISPLACED IN 2021	RETURNEES IN 2021	PEOPLE AFFECTED BY SHOCKS IN 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
0.33M	0.37M	0.60M	13.41M	0.062M	14.5M

equipment has exposed health workers to the virus – with more than 12 per cent of the total confirmed COVID-19 cases being among healthcare staff. This is despite millions of pieces of PPE being supplied to MOPH and directly to NGOs by the international community. Improving infection prevention and control is critical to overcoming people's fear of attending health facilities and restoring confidence among patients so that non-COVID conditions do not go untreated and become more severe. The rollout of the annual influenza vaccination across Afghanistan over winter is expected to support the health system manage the rise in COVID-19 cases. Increasing influenza vaccine coverage can reduce the strain on the health care system and free-up limited health resources to focus on treating more severe cases of COVID-19.

Conflict and direct attacks on health facilities and personnel regularly disrupt the provision of critical health care where these services do exist, leaving patients with unmet needs. Parties to the conflict killed, kidnapped, injured, and threatened health workers; damaged health facilities; and looted or robbed ambulances.²⁵⁵ This is expected to have affected 1.2 million people across at least 40 districts in 17 provinces in the first ten months of 2020. Such interruptions not only lead to avoidable deaths, but also reduce the quality and quantity of care provided resulting in deteriorating health outcomes. An MSF report into hospitals care in Hilmand and Hirat provinces²⁵⁶ shows that 41 per cent of carers and patients stated that a family member, friend or neighbour had died due to lack of access to medical care between 2018 and 2019. Attacks against health also deter people from seeking care and create fear of approaching health-facilities, adding to COVID-19 concerns which are now also a major deterrent to people attending hospitals and health clinics.

With no signs of the conflict abating, it is estimated that some 310,500 people will require emergency trauma care in 2021. Trauma care needs are highest in the south (Kandahar, Hilmand, Uruzgan and Zabul provinces) where active conflict is ongoing, and in the north (Kunduz and Logar provinces). While

humanitarian intervention through the provision of First Aid Trauma Posts close to the conflict locations where injuries are sustained has improved survival rates, many of those who are now saved have lifelong impairments, requiring post-operative care, rehabilitation and prosthetics. Unmet needs for this kind of care in 2020 due to COVID-19 have prolonged people's suffering and will likely see a backlog of cases carried over into 2021, particularly in terms of those needing prosthetics.

The 2020 WoA Assessment further shows high levels of need for mental and psychosocial health support. Of the behaviour change reported, violent behaviour was most common, followed by changes in eating patterns. In addition, feelings of distress are common among heads of household, and these feelings are likely to affect the head of household's ability to work.²⁵⁷ COVID-19 has exacerbated this issue. In the WoA Assessment, poverty or financial stress was cited as the most frequent cause of behaviour change. Between 58 per cent and 71 per cent of assessed households²⁵⁸ reported that one or more members of the household experienced at least one behaviour change in the past year. Some 47 per cent of female household members reported violent behaviour among household members compared to 32 per cent of male heads of household.²⁵⁹ Feelings of distress were also relatively common in households headed by a person with a disability, which may compound vulnerability over time. Some 76 per cent of household heads with a disability reported that this distress affected their ability to work, compared to 61 per cent of other displaced heads of household.²⁶⁰ According to an IRC-UN Women survey on the gendered impacts of COVID-19, 78 per cent of women, particularly IDP women, experienced adverse mental health impacts from the ongoing conflict, that were further exacerbated by COVID-19. This rate was the highest among similar studies across the region.

Access to health care is also particularly challenging for shock-affected people. The majority of displaced households reported having to walk more than an hour to the nearest healthcare facility.²⁶¹ This is most serious in Daykundi (60 per cent) and Sar-e Pul (58 per cent).²⁶² Despite the fact that healthcare in

Afghanistan is nominally free, paying for healthcare is increasingly common and constitutes a high proportion of household spending. Some 82 per cent of assessed households report paying for healthcare, with particularly high rates among refugees (92 per cent).²⁶³ Inability to afford care forces many people to adopt negative coping mechanisms, making this a cyclical issue. The cost of medicines is also an issue suggesting that there is a need to support people to purchase the drugs they are prescribed when they do see a doctor. The aforementioned MSF report shows that postponing medical care due to financial pressure is a dangerous coping strategy adopted by 89 per cent of patients and carers surveyed. During the first six months of 2019, 44 per cent of the children who died within 24 hours of arrival in MSF's paediatric intensive care unit had arrived too late and at a very advanced stage of illness. Of 3,680 measles cases treated in the first seven months of 2018 by MSF, 48 per cent were admitted to the isolation ward due to severe complications which may have been prevented or controlled if care had been sought earlier.²⁶⁴

The burden of other diseases also remains high while care seeking behaviour has reduced. As a result of COVID-19, the number of women seeking antenatal care has reduced by 21 per cent compared to 2019. Tuberculosis remains rampant with some 72,000 cases, three per cent higher compared to 2019. Some 9 per cent of children under 5 have AWD, while there were 183 cases of Crimean-Congo Haemorrhagic Fever (CCHF) in the first 10 months of 2020, with some 15 deaths.²⁶⁵

Afghanistan is one of only three countries in the world where polio remains endemic, together with Pakistan. Ongoing conflict and insecurity make it difficult to access hard-to-reach areas, and large-scale population movements along the porous border between Afghanistan and Pakistan further complicate vaccination efforts, making children on both sides

vulnerable to contracting the debilitating disease. This means that polio transmission has become highly localised in pockets in the south and the east of Afghanistan. In the first 11 months of 2020, there were 255 confirmed cases of polio in the country.

Winter will also present an added challenge to those living in poor shelters and remote areas, increasing the risk of morbidity and mortality from respiratory infections. Respiratory infections are one of the most prevalent causes of mortality among children under five.

Monitoring

Health partners continue to conduct assessments throughout the year. Under the guidance of MOPH, the Health Cluster has developed a guideline for emergency health services and corresponding assessment tools on trauma care and emergency health mobile health teams. The assessment tools were tested in 2019 and were standardised in 2020. This will be continued in 2021. The Health Cluster will also continue to use and support data collected through the Health Management Information System (HMIS) on health service access, health indicators, and disease surveillance monitoring.

Sub-national Health clusters will continue to do monthly monitoring field visits. It is also expected that Health Cluster partners will also conduct their own assessments and share these with the national Health Cluster for analysis and greater situational awareness. While the Polio programme remains outside the scope of humanitarian action in Afghanistan, the Health Cluster will also engage with the extensive polio team to conduct monitoring visits in some of the areas that are hardest to reach.

The Cluster will also provide a mid-year status update on the three sectoral needs indicators listed below, adjusting course as necessary, based on the results.

Needs indicators

#	INDICATORS	BASELINE 2020	SOURCE
01	# of women without access to antenatal care	245 per 1,000	HMIS
02	# of people who have access to trauma care within 24 hours of injury	487 per 1,000	HMIS
03	% of children who have received their full package of immunisations (TB, Polio, measles, diphtheria, pertussis, tetanus, Hepatitis B, HiB)	54%	HMIS

Contacts

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3.5 Nutrition



PEOPLE IN NEED	CHILDREN	U5 SAM	U5 MAM	AT RISK CHILDREN	UNDERNOURISHED PLW
5.4M	3.7M	895K	2.2M	1.1M	725K

Overview

Acute malnutrition is a public health issue that predominantly affects children under the age of five, as well as PLW. Malnutrition in both childhood and pregnancy has adverse consequences for immediate child survival and the long-term wellbeing of children and mothers. In low income countries, like Afghanistan, undernutrition contributes to 45 per cent of child deaths.²⁶⁶

The nutritional status of children under five continues to deteriorate in most parts of Afghanistan, directly threatening their lives. This stems from a surge in acute food insecurity over recent years, combined with other contributing factors such as low access to health services (due to forced displacement or issues with physical accessibility and distance to nutrition services), poor access to water and sanitation, poor maternal nutrition, low immunisation and high disease burden. Poor feeding practices for infants and young children are also strongly linked with undernutrition. Although almost all children in Afghanistan are breastfed, only 58 per cent of children under six months are exclusively breastfed. The findings of the most recent nutrition surveys across Afghanistan show that 27²⁶⁷ out of 34 provinces are currently above the emergency level threshold for acute malnutrition. This threshold is based on the WHO classification of wasting for children under the age of five – a combination of more than 5 per cent global acute malnutrition (GAM) or more than 10 per cent GAM prevalence with aggravating factors. These aggravating factors include high disease burden and poor infant and young child feeding practices; poor health seeking

behaviour and childcare practices; household food insecurity; low access to basic health services and poor access to safe drinking water and sanitation facilities; and chronic underdevelopment.

Worsening economic conditions and food insecurity, coupled with interruptions to health services and heightened protection risks when mothers are taking their children to receive life-saving nutrition services²⁶⁸ are all contributing to climbing rates of acute malnutrition. Nutrition treatment was compromised due to COVID-19 movement restrictions for a period of months in 2020, in addition to low turnout as a result of community fears of catching the virus in nutrition treatment facilities that are often co-located in health centres. Analysis from MOPH's nutrition database showed a 33 per cent decrease in admissions for treatment of SAM within health centres – 'inpatient' treatment – and a three per cent decrease in 'outpatient' treatment in November 2020. At the height of the first wave of the pandemic in May 2020, the numbers went as high as a 46 per cent and a 12 per cent decrease in 'inpatient' and 'outpatient' treatments, respectively. As a result, an estimated 14,840 SAM children under five missed treatment during the pandemic. Missing or interrupting nutrition treatment has detrimental consequences for the health of children and women. Unless the full course of treatment is complete, patients regress back to an even worse state of malnutrition, especially with insufficient food intake opportunities at home. This usually means starting treatment again, but often with higher risk of morbidity and mortality.

In 2021, around 3.1 million out of 7 million, or almost 1 in 2 children under five will suffer from acute malnutrition and will be in need of specialised treatment services to save their lives. Of these, 2.2m will be moderately malnourished while the other 895,000 will be severely malnourished. Similarly, an estimated 720,000 or 1 in 4 PLW will be undernourished and require life-saving nutrition services throughout the year. Overall, in 2021, the Nutrition Cluster projects that 5.36 million children and women will need emergency nutrition assistance to avoid preventable morbidity and mortality. This is a 16 per cent increase in needs since June 2020.

Affected People

Children under five and PLW are at higher risk of death if their malnutrition situation is not addressed. Among the 3.1 million children under the age of five who will suffer acute malnutrition in Afghanistan, a staggering 895,000 children (29 per cent) will suffer from SAM – the most critical and deadly form of acute malnutrition. SAM is a life-threatening condition requiring additional specialised nutrition supplies and medicines to avert morbidity and mortality. Children suffering from SAM are up to eleven times more likely to die than their healthy peers²⁶⁹ and those suffering from prolonged undernutrition who survive often become locked in a cycle of recurring illness and faltering growth, with irreversible damage to their development and cognitive abilities, affecting their education in the medium-term and their capacity to realise their full potential in the longer-term. The World Bank²⁷⁰ estimates that undernourished children are at risk of losing more than 10 per cent of their lifetime earning potential, affecting their future independence and contribution to the economy. For those suffering as a result of stunting, estimates suggest their earning capacity may be reduced by as much as 22 per cent.²⁷¹

More people are becoming malnourished due to the deteriorating quality of their diets, interruptions in nutrition treatment and other essential services, and socio-economic shocks. Women are likely to eat last, leaving less nutritious scraps for them and further reducing their food intake. This increases the risk of malnutrition for them and their babies, if pregnant.²⁷² Other barriers including the limited number of female frontline workers and counsellors, as well as the need for a Maharam to accompany them to access facilities, further contribute to the malnutrition burden.

Women of reproductive age and adolescent girls affected by undernutrition suffer adverse effects on their own health, as well leaving their children pre-disposed to low birth weight, short stature, low resistance to infections, and a high risk of disease and mortality. COVID-19 can exacerbate the effects of malnutrition in mothers and children. Some reports show that there could be 14.3 per cent increase in the prevalence of moderate or severe wasting among children as a result of COVID-19 induced income loss.²⁷³ This situation is made worse by weak health care in the country.

It is projected that in 2021 there will be 894,000 children under five with SAM; 2.22 million children under five with MAM; and 723,000 acutely undernourished PLW. An additional 1.1 million children under five and 446,000 PLW, mothers and caretakers will also be nutritionally 'at-risk'.

Analysis of Humanitarian Needs

A combination of the pre-COVID socio-economic and political situation (marred by poverty, food insecurity, conflict and displacement), the economic effects of the pandemic, and unaddressed nutritional needs in past years have combined to drive the surge in

Projected needs

PEOPLE DISPLACED IN 2021	RETURNEES IN 2021	PEOPLE AFFECTED BY SHOCKS IN 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
0.15M	-	0.06M	5.15M	0.01M	5.4M

malnutrition in 2021. Analysis of Mid-Upper Arm Circumference (MUAC) screening data for the first 9 months of 2020 (Jan - Sep 2020) indicated a worsening nutrition situation in 13 provinces compared to the same period in 2019. Infants under six months have a high nutritional burden. An analysis of SMART surveys conducted between 2015 and 2019 across Afghanistan showed that a staggering 15.3 per cent of infants under 6 months in Afghanistan are affected by wasting, 6.2 per cent of whom are severely wasted.²⁷⁴ Wasting among infants is exacerbated by low levels of maternal education, poverty, poor maternal and infant nutrition, poor family planning and inability to utilise health care services.²⁷⁵

In Afghanistan, chronic vulnerability and undernutrition overlap. People's eroded resilience capacities make them susceptible to sliding down into acute malnutrition, irrespective of the degree of severity of the shock. This reduced coping capacity has been compounded by ongoing conflict and recurrent disasters. Further analysis of SMART survey data (2015–2020) indicates a significant proportion of children under five are also 'borderline' in terms of acute malnutrition status. While those that fit into this category are not directly admitted into treatment programmes, it is most often the case that these children rapidly fall into a state of acute malnutrition due to a worsening of one or more underlying factors. In line with the expanded scope of humanitarian action in Afghanistan in late 2019, the Nutrition Cluster considers addressing the needs of these 'borderline' cases of acute malnutrition as critical.

The Nutrition Cluster's analysis of aggravating factors revealed provinces with high levels of acute malnutrition concurrently have a higher proportion of acutely food insecure people (over 42 per cent of people classified as being in crisis and emergency phases of food insecurity (IPC phase 3 and 4)); higher rates of stunting among children under five; higher rates of diarrheal morbidity; low rates of exclusive breastfeeding; and poor maternal nutrition status). About a fifth of people falling into IPC 3 and 4 categories of food insecurity are children under five who are then at risk of malnutrition.

Provinces where high prevalence of GAM, combined with prevalence of crisis and emergency phases of food insecurity (IPC 3 and 4), high levels of stunting, low exclusive breastfeeding, poor maternal nutrition, low immunisation coverage and high level of childhood morbidity are considered priority areas with high nutrition needs. Unlike past years, urban areas in Kabul have seen a rising trend in malnutrition, particularly since the onset of the COVID-19 pandemic.

Monitoring

While up-to-date and comprehensive nutrition assessments have been challenged by COVID-19, the Cluster will continue to evaluate multiple sources of data on food insecurity and nutrition and apply global tools and methodologies to monitor the evolution of the nutrition situation in the country.

The Nutrition Cluster conducts periodic provincial and localised, integrated SMART nutrition surveys which allow collection of sex and age disaggregated data on children and women's nutritional status, as well as on determining factors such as household food insecurity, morbidity status of children, access to health, and water, hygiene and sanitation services.

The Cluster also coordinates with other clusters and partners in joint assessments to identify the specific and gendered needs of people displaced by conflict, returnees and disaster affected people. The Nutrition Cluster's collaboration with FSAC on the SFSA enables the collection of child nutritional status (anthropometric data) across the country. The nutritional status data from the SFSA complements the results of provincial SMART surveys.

Analysis of MUAC screening data is routinely collected from over 2,500 health facilities across the country and compiled at national level through the MoPH HMIS. This is an important source of data for tracking trends in acute malnutrition among children under five.

The cluster will also provide a mid-year status update on the three sectoral needs indicators listed below, adjusting course as necessary, based on the results.

Needs indicators

#	INDICATORS	BASELINE 2020	SOURCE
01	# of under five children who are acutely malnourished	1,202,435	National Nutrition Database, SMART survey reports, HMIS
02	# of undernourished pregnant and lactating women	719,960	National Nutrition Database, SMART survey reports
03	% of acutely malnourished children under five who do not have access to treatment services	69.3%	National Nutrition Database, SQUEAC reports

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3.6 Protection



PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY	CIVILIAN CASUALTIES	ADVERSE MENTAL HEALTH
12.8M	2.8M	6.7M	1.1M	5.9k	78% women

Overview

Afghanistan remains one of the deadliest countries in the world for civilians. Conflict continues to threaten people's physical and mental wellbeing. Some 5,939 civilians were either killed or injured in the first nine months of 2020.²⁷⁶ In addition to killing and maiming, the psychological trauma, stress and anxiety associated with the ongoing conflict has been compounded by the impact of COVID-19 economic pressure and loss of livelihoods. The 2020 WoA Assessment shows that nearly a fifth of shock-affected households reported behavioural changes, indicating signs of distress and mental health problems as a result of the pandemic. The major causes for distress and mental problems included poverty or financial stress (68 per cent), family issues (15 per cent) and conflict and violence (12 per cent). Angry, aggressive or violent behaviour, as well as social withdrawal and inability to be alone were two markers of such behavioural changes. A UN Women-IRC Study of the gendered impacts of COVID-19 also found that 78 per cent of women, particularly IDP women, are experiencing adverse mental health impact from the ongoing conflict, exacerbated by COVID-19 - a number that was the highest in the region according to similar studies.²⁷⁷ In addition to psychological needs, people's physical wellbeing is also critically jeopardised by the presence of explosive hazards, especially those of improvised nature²⁷⁸ from recent armed clashes and ERW. Each month, some 97 civilians²⁷⁹ are either killed or injured by mines, including improvised mines, and explosive remnants of war. Children remain the predominant victims of these IEDs.²⁸⁰

People's living standards remain fragile as displacement and associated needs for HLP continue

to mount. According to IOM, some 4.8 million IDPs have been displaced since 2012 and have not returned to their homes. An additional 3.9 million returnees have come back to the country since 2012 with many struggling to re-enter their communities and survive.²⁸¹ In 2021, these figures are set to increase due to continuing conflict, IDP return intentions and anticipated population movements associated with the COVID-19 pandemic. Many displaced people reside precariously in urban informal settlements with insecure land rights. A recent ISETs Monitoring report²⁸² shows that there are 1,147 informal settlements across Afghanistan; the majority (78 per cent of all settlements) are located in urban or peri-urban areas, where competition for land is high and the threat of eviction is severe. COVID-19 has increased the uncertainty of HLP rights for these vulnerable groups, and the second wave over the 2020-2021 winter will exert further stressors.²⁸³ This is particularly concerning for some 27 per cent of residents of informal settlements who are renters and are likely to face difficulties meeting rental payments should the economic impact of the second wave be severe.

The health and socio-economic impacts of the COVID-19 pandemic have compounded the protection crisis in Afghanistan. This has pushed fragile households, who have lost their income and productive assets, to resort to negative coping strategies to make ends meet. Recruitment of children into armed groups, child marriage and child labour are on the rise. From the households who reported behavioural changes in the 2020 WoA Assessment, including distress and mental health problems, around half reported angry, aggressive and violent behaviour change due to poverty and distress. This has increased the risk that women

and children experience greater levels of domestic and GBV in their homes.

The protection situation for Afghan women is bleak and continues to deteriorate. Ongoing conflict, high maternal mortality, domestic violence, limited access to health care, and a severe lack of social, economic and political rights, combine to make Afghanistan the world's second most dangerous country for women.²⁸⁴ Protection of women's rights and women's access to justice remain extremely limited. Deeply restrictive social norms dissuade women from asserting their rights as reporting abuses may trigger social stigmatisation, exacerbate violence and discrimination and the induce the loss of social or economic safety nets. The denial of access to rights and essential

resources for women and girls, including equal access to education in all parts of the country, continues to disempower and disenfranchise women, leaving many behind. Elderly people are also marginalised and are extremely vulnerable. A third of elderly-headed displaced households reported having a disabled household member and reported carrying more debt on average (57,384 AFN/ \$747) than other displaced households (44,287AFN/\$576).

In 2021, some 12.8 million people (3,274,974 men, 2,842,262 women, 6,675,853 children and 1,138,585 people with disability) are in need of protection assistance to prevent avoidable deaths and maintain their safety, dignity and rights.

Sub-Sector Child Protection

PEOPLE IN NEED	GIRLS	BOYS	WITH DISABILITY	GRAVE CHILD RIGHTS VIOLATIONS
4.8M	1.2M	1.3M	402K	1.5K incidents

Overview and Affected People

Children comprise more than half (53 per cent) of the IDP, returnee and other population groups affected by the humanitarian crisis in Afghanistan. For the fifth year in a row, Afghanistan is listed as the deadliest conflict for children.²⁸⁵ Grave child rights violations are a significant concern, with children at risk of being killed and injured, recruited into armed groups, detained, abducted and exposed to sexual violence. From July 2019 to June 2020, the UN verified 1,497 such violations against children, highlighting persistent trends of violence. This included 1,164 verified incidents of killing and maiming, 155 attacks on schools in 16 provinces, and 326 verified incidents of child recruitment into armed forces and groups across 31

provinces of Afghanistan.²⁸⁶ 2020 saw a three-fold increase in cases of recruitment and use of children by armed forces as compared to 2019.²⁸⁷ Child recruitment cases were most prominent in the country's northern and north-eastern areas and are likely to remain an under-estimation. Protection partners have seen rising trends of families being either requested, threatened or coerced to join armed fighting. These patterns have been witnessed in both government and non-government-controlled areas and among criminal networks. In the first half of 2020, children made up more than half of total civilian mine casualties, including those caused by improvised devices and ERW (313 out of 579 casualties).²⁸⁸

The socio-economic pandemic has fuelled harmful coping mechanisms such as child labour, early marriage and child recruitment, while simultaneously straining the capacities of families and communities to protect children. The provinces of highest prevalence of child labour are Farah (49 per cent) and Hilmand (33 per cent).²⁸⁹ The highest percentage of child marriage was reported in Faryab (35 per cent), Paktya (25 per cent), and Kunduz (22 per cent) although these figures are not likely to represent the full scale of this situation.²⁹⁰ According to the 2020 WoA Assessment, 59 per cent of key informants in hard-to-reach areas across 120 districts said they know at least one girl under the age of 16 that was married off in the preceding three months. The same assessment further showed that

19 per cent of informants reported family separation by marriage (with the child being taken away from their family to be married), with the highest figures being reported by refugee (41 per cent) and IDP households (30 per cent). The most common reason for children to leave their families is to seek better job opportunities. Out of the 19 per cent of the households who

reported that children are not living in the home, 65 per cent report that the child migrated out of the country to seek employment.²⁹¹

Assessments²⁹² indicate that during situations of hostilities and displacement, children with disabilities are at heightened risk of separation from their families, violence, abuse, neglect

and exploitation. Many struggle with marginalisation, stigma and discrimination, while displacement impedes dignified access to basic services. Child Protection assessments show that all the aforementioned child protection-related risks and vulnerabilities have been exacerbated during the COVID-19 pandemic.

Sub-Sector

Gender-based Violence

PEOPLE IN NEED

7.4M

WOMEN

1.7M

CHILDREN

3.9M

WITH DISABILITY

625K

GBV FACED BY

87% women

Overview and Affected People

Harmful gender norms perpetuate unequal power dynamics in Afghanistan. While violence against women and girls has remained underreported due to lack of adequate survivor-centred services and stigma, an estimated 87 per cent of Afghan women will experience at least one form of GBV in their lifetime, with an estimated 62 per cent experiencing multiple forms.²⁹³ Patriarchal norms, which are prevalent throughout the country, cause violence against and restrict the movements of women outside the home. This means that women are inhibited from seeking critical healthcare, including life-saving sexual and reproductive health care. Women and girls also have much lower access to other basic services such as education and legal services. In addition to negative cultural beliefs, other barriers to girls' education include verbal and physical harassment, limited availability of safe facilities and female teachers in schools, and

a heavy burden of household work. At the lower secondary level of education, girls are more than twice as likely (8.3 per cent vs. 4.1 per cent) to drop out than boys.²⁹⁴

In a needs assessment carried out by Oxfam in April 2020²⁹⁵ 97 per cent of female respondents said that GBV had increased since the COVID 19 outbreak started. The Oxfam briefing note highlights the difficulties women face to safely access available services, especially in rural locations, and amid COVID-19 the information highlights how the protection needs of women and girls, and GBV survivors are increasing. Increased reports in 2020 of early and forced marriage, baddal (the exchange of two girls between two families), baad (giving a woman for marriage) and coerced sexual and physical exploitation, show that the COVID-19 economic situation has also driven gendered negative coping mechanisms. The Oxfam multi-sectoral analysis in 2020 mentioned shows a more than

51 per cent increase in protection and GBV issues during COVID-19, while 61 per cent of the same respondents reported an absence of community outreach and awareness raising on GBV topics.

COVID-19 movement restrictions introduced during 2020 trapped survivors in a confined space with perpetrators, as well as reducing access to life-saving services. Similar risks are expected to re-emerge if restrictions are reintroduced due to the second wave of the virus. The WoA, Emergency Response Mechanism (ERM) HEAT and War Child assessments (April 2020)²⁹⁶ all indicate a minimum 70 per cent increase in the use of loans to meet basic needs, with serious gendered implications that affect the ability of women, girls and GBV survivors to access services due to a weakened economic situation and economic dependence on others.

UN Women Gender Alerts and the UN Women/IRC KAP survey²⁹⁷

further highlight that the needs of IDP and cross-border returnee women are particularly high, with

reports of denial of access to life-saving services and discrimination affecting those already living in

vulnerable situations, such as older women, and women and girls living with disabilities.

Sub-Sector Mine action

PEOPLE IN NEED

3.5M

WOMEN

0.7M

CHILDREN

1.6M

WITH DISABILITY

312K

CIVILIAN CASUALTIES

1/3 are children

Overview and Affected People

Civilian casualties due to explosive devices have consistently risen since 2012. Almost two thirds (57 per cent) of these incidents are due to improvised mines, followed by ERW. In August 2020 alone, some 81 civilians were killed or injured due to improvised mines.²⁹⁸ Such an alarming rate of maiming and killing by explosive ordnance not only threatens the physical wellbeing of civilians, but also their mental health and access to livelihood opportunities. Findings from the 2020 WoA Assessment suggest that only 20 to 30 per cent of returnees, IDPs, and refugees were aware of the presence of

explosive hazards (mines, ERW and improvised mines) in or near their communities.

Children are disproportionately affected by explosive hazards, with child casualties making up nearly a third of all civilian casualties in the first nine months of 2020.²⁹⁹ 379 out of 875 mine-related casualties were men. While this shows that men are more impacted by explosive devices, their death and injury subsequently places a significant burden on women who often have to become the head of household and breadwinner to large families, while carrying out their prior duties and tending to their injured

family members all at the same time. This results in accumulated stress for women and girls, who are already under immense pressure to care for their families during the COVID-19 pandemic. Returnees are also a group at risk, often having limited knowledge of the area they are returning to/through and being at high risk of encountering ERW/landmines. Conflict-affected non-displaced people are also vulnerable to this threat as explosive ordnance is frequently left behind after fighting. The situation has further worsened with recent surge in conflict in the final quarter of 2020, which is not expected to improve in 2021.

Sub-Sector Housing, land and property

PEOPLE IN NEED

5M

WOMEN

1.1M

CHILDREN

2.5M

WITH DISABILITY

339K

LAND TENURE DOCUMENTS

<5% include a female household member

Overview and Affected People

Pervasive lack of HLP rights means that many Afghans continuously live under the threat of eviction. Other impacts are also wide reaching: tenure insecurity limits investment in adequate shelter/housing,

livelihood generating assets, WASH services and local infrastructure. Displaced groups, including IDPs and returnees, typically suffer very high tenure insecurity because they have no other option but to occupy land (often privately owned) with insecure property rights. Often

displaced people live in protracted displacement. In Kabul, for example, preliminary data analysis by the Housing Land and Property Taskforce (HLP-TF)³⁰⁰ suggest that at least 50 per cent of people living in IDP and returnee settlements have resided in their settlements

for 5 years or more. The WoA assessment also showed that almost 90 per cent of non-recent IDPs do not intend to return in the short term and around half never intend to return.³⁰¹ In these contexts, high tenure insecurity limits investment in shelter and infrastructure, exposing residents to long periods of deprivation and accumulating vulnerabilities.

Unequal access to land is a major cause of gender inequality in Afghanistan, with women being at the bottom. Though no comprehensive data exists, the HLP-TF estimates that less than 5 per cent of land tenure/ownership documents include the name of a female family member.³⁰² Instead, women's relationship to land in Afghanistan is typically secondary

– through her relationship with a male owner. Consequently, gendered land rights constitute a major cause of gender-based asset inequality, particularly given that land is often a household's most valuable asset.

Analysis of Humanitarian Needs

Unmet needs, depleted financial resources and increased debt (including debt fuelled by COVID-19) are worsening the protection crisis that was already firmly entrenched in Afghanistan. According to the latest ERM report (September 2020),³⁰³ the average debt accumulated by households over the past year was 20 times higher than the average income, at the time of the assessment. Children continue to be at heightened risk as a result of this economic situation. The 2020 WoA Assessment shows that 8 per cent of shock-affected people had at least 1 child between the ages of 11-17 working outside the household 30 days prior to the survey. This figure jumps to 13 per cent for IDP and returnee households. Over 9 per cent of IDP and returnee households also expressed an intention to marry off their daughter earlier than planned due to economic hardship.³⁰⁴ Similarly and as mentioned above, women and girls are also shouldering the negative and disproportionate impacts. An Oxfam multi-sectoral analysis in 2020³⁰⁵ shows a more than 51 per cent increase in protection and GBV issues during COVID-19, while 61 per cent of the same respondents reported an absence of community outreach and awareness raising on GBV topics. This remains a huge need.

Explosive hazards also persist as a humanitarian concern across Afghanistan. Areas in the country's south (Kandahar, Hilmand, Zabul and Uruzgan provinces), south-east (Ghazni, Paktya and Khost provinces), east (Nangarhar and Kunar provinces), north (Faryab province) and west (Farah province) are the most affected. These 11 provinces made up 69 per cent of Mine and ERW casualties between 2011 and 2020.³⁰⁶ Furthermore, the Hard-to-Reach (HTR) areas assessment between July and August 2020 suggests that the presence of explosive hazards significantly hinders access to basic services. Of the 41 per cent of key informants who were aware of explosive hazards in or within 5km of their settlement, 47 per cent reported that explosive hazards have constrained their access to basic services in their settlements in the preceding three months. Aligned with 2019 Post-Demining Impact Assessment (PDIA) findings conducted by the Directorate of Mine Action Coordination (DMAC), 57 per cent of key informants from the hard-to-reach areas assessment reported that the presence of explosive hazards negatively impacted livelihoods in their area. A further 53 per cent said that explosive hazards hindered children's access to recreational activities and nearly a third of households assessed as part of nationwide PDM,³⁰⁷ reported security as a main barrier to education. Similarly, JMMI data in 2020 shows

Projected needs

PEOPLE DISPLACED IN 2021	RETURNEES IN 2021	PEOPLE AFFECTED BY SHOCKS IN 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
0.39M	0.71M	0.60M	11.29M	0.072M	12.8M

that up to 70 per cent of key informants reported the presence of explosive hazards as a barrier to accessing marketplaces, including in Samangan and Uruzgan, impacting on households' capacity to access resources and basic commodities to meet their needs.³⁰⁸

A key driver of increasing HLP needs is the increasing number of IDPs not returning home and requiring land in new locations to rebuild their lives. The COVID-19 pandemic has exacerbated the rate of cross-border return, particularly from Iran, adding to this burden. The outlook remains grim with higher than average returns expected in 2021. Climate change is expected to influence the severity and frequency of disasters in Afghanistan,³⁰⁹ which may lead to more displacement and IDPs requiring access to safe land in the long term. Evidence also suggests that climate change has the potential to lead to conflict over control of scarce natural resources such as water, which will also lead to increased demand for HLP services and land allocations linked to livelihood opportunities and food security.³¹⁰ More than 86 per cent of IDPs are either unwilling or unable to return to their place of origin in the next six months and about half never intend to return.³¹¹ These people have a critical need for new land allocations and documents to provide long-term tenure security. Inability to recover and recurrent shocks make these people susceptible to eviction. A recent study by the Norwegian Refugee Council (NRC) conducted among IDPs, refugee returnees and host communities in Kandahar (in May 2020), for example, highlighted that more than 80 per cent of those surveyed in Kandahar reported threats of eviction due to inability to meet rental payments.³¹²

Monitoring

The Protection Cluster will use different tools to monitor needs throughout 2021. The Protection Cluster will apply a whole-of-community approach through its Community-Based Protection Monitoring (CBPM), which focuses on identifying key protection gaps and challenges across all 34 provinces in Afghanistan. Protection Monitoring reaches out to returnees, IDPs, refugees, and host communities through focus group discussions and key informant interviews (KIIs), implemented as an adaptation to COVID-19, or at

the household level to collect protection-oriented information. In 2020, the Cluster has aligned Protection Monitoring tools for all protection partners to use, ensuring that the data collected by all protection actors is comparable and therefore contributing to a more comprehensive bank of protection data to be used for advocacy and informed decision-making throughout the year. Further plans are underway to train local actors in safe data collection and reporting which will enable the Cluster to provide an enhanced protection analysis of Afghanistan and will in turn allow for more appropriate and tailored needs-driven protection responses, in areas with the highest needs. The Cluster will also monitor and report on the needs indicators outlined below, to allow for meaningful situation monitoring throughout the year and inform course adjustments accordingly.

The Child Protection in Emergencies (CPiE) needs indicator will be monitored through the Monitoring and Reporting Mechanism (MRM) led by UNICEF. As per UN Security Council Resolution 1612, the MRM dataset is being updated on a regular basis³¹³ after documentation and verification of cases of grave violations committed against children in times of armed conflict. The information collected through the MRM is also used to inform the response, to provide appropriate support services to boys and girls, as well as to engage with parties to the conflict to foster accountability and compliance with international child protection standards.

The GBV Sub-Cluster will work closely with partners to strengthen capacity for internal needs monitoring. This will be combined with learning sessions and capacity building workshops through the GBV Sub-Cluster on safe data collection and survivor-centred approaches, to ensure that data collection and monitoring are done in line with best practice and follow the principle of do-no-harm. Additionally, the GBV Sub-Cluster will track GBV assessments, providing guidance to partners on methodology, training materials and referral pathways throughout 2021.

Mine Action needs are analysed under the leadership of DMAC based on the monthly quantitative report prepared by its Management Information Systems

department, which handles the Information Management System for Mine Action (IMSMA). DMAC also hosts monthly stakeholder meetings, during which Mine Action partners, donors and the DMAC analyse relevant issues. In addition, the UN Mine Action Service (UNMAS) formally analyses mine and ERW civilian casualty trends on a quarterly basis, both at the national and regional level in order to identify the most impacted areas and tailor mine action responses accordingly. Communities provide feedback on mine risks through Awaaz and the DMAC hotline. The prevalence of improvised devices, and accidents related to these, will be closely monitored due to the high humanitarian impact both in terms of survival and life-altering injuries. The monitoring will be done by Mine Action partners, DMAC sub-national offices

as well as UNAMA Human Rights. All data collected is shared DMAC to be recorded in IMSMA.

The HLP-TF convenes meetings to determine emerging HLP rights challenges on a case-by-case basis (e.g., immediate threats of eviction of IDP and returnee communities), and reviews secondary data on HLP rights to assess the shifting country-wide dynamics of HLP risk. Secondary sources include eviction and protection monitoring reports, and qualitative and quantitative data on HLP rights from the WoA and Hard-to-Reach assessments, as well as, Informal Settlements (ISETs) Monitoring Reports, among others.

Needs indicators

#	INDICATORS	BASELINE 2020	SOURCE
01	# of civilian casualties (death and injuries) from the armed conflict	11,973 civilian casualties (4,154 killed and 8,365 injured)	UNAMA quarterly PoC report
02	# of children affected by grave child rights violations, documented and reported, and who are in need of child protection services	2,925 (July 2019 – June 2020)	MRM dataset
03	% of women and girls without safe/close access to essential services (incl. more than one hour's distance from village)	50%	WoA Assessment, Partner Needs Assessments
04	# of people killed or injured by landmines, ERW and/or improvised mines	39,107	IMSMA – DMAC
05	# of number of people with unmet need for occupancy documents	5 million	WoA Assessment

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3.7 Water, Sanitation and Hygiene



PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY	AWD INCIDENCE	NO HYGIENE ACCESS
8.8M	1.9M	4.5M	748K	33% IDP children	79% IDPs

Overview

The proportion of the Afghan population with access to safe drinking water remains one of the lowest in the world. This is primarily attributed to decades of conflict and recurrent, sudden-onset natural disasters that damage the limited infrastructure that does exist. It is estimated that 73 per cent of the population live in rural areas where access to safe drinking water, sanitation and hygiene services is lowest,³¹⁴ where open defecation is still common and hand washing with soap is not widely practiced.

Since 2015, the national average of people using an improved water source (protected from outside contamination including faecal matter) for drinking has increased – from 55 per cent 2015,³¹⁵ to 62 per cent in 2019³¹⁶ and 65 per cent in 2020.³¹⁷ While this may seem like only a modest improvement, safe water coverage of has not improved at all between 2015 and 2020, remaining stagnant at 55 per cent. This measure of access to water refers to availability as per the Sphere Standard of within a 30-minute radius. The sanitation situation also remains poor with 45 per cent of people unable to access proper latrines. People mostly resort to using open fields, bushes or family pit latrines without slabs.³¹⁸

Limited access to water, sanitation and hygiene threatens people's immediate survival and health, as well as their dignity and living conditions. Inability to access adequate WASH services is strongly associated with malnutrition among children.³¹⁹ Limited water and sanitation options expose people to avoidable

diseases, such as AWD, which have particularly detrimental implications for the wellbeing of children, especially if they are malnourished. With almost one in two children being acutely malnourished, susceptibility to such water-borne and sanitation-related diseases can lead to excess mortality. With the COVID-19 pandemic still impacting every corner of the country, lack of access to water, as well as hygiene materials and practices, is directly contributing to the spread of the virus, leading to infections and deaths. Some studies³²⁰ indicate that the COVID-19 virus can live up to two days in faeces, putting people at high risk of contagion in areas where open defecation is prevalent. Poor access to water and sanitation is also an indication of poor living standards and is associated with critical protection concerns as time spent fetching water, almost always by women and girls, exposed them to GBV risks.

In 2021, some 8.8 million people will need water, sanitation and hygiene assistance. Of these, some 8 million will require safe drinking water; 8.3 million hygiene materials and practices; 4.2 million emergency sanitation options; 4.5 WASH items; and 1.2 million WASH in schools, health facilities, feeding centres and child friendly spaces.

Affected People

People living in rural areas of Afghanistan have lower access to water and sanitation facilities. On average, it takes people in rural areas three times longer to collect water. Open defecation is practiced seven times more in rural areas.³²¹ Nearly half of displaced people in

hard-to-reach districts use unprotected water sources – springs, wells, rivers and streams.³²²

IDPs, disaster-affected people and those living in conflict-prone areas are the groups most exposed to risks from unsafe water sources, lack of hygiene and unimproved sanitation facilities. Nearly half of all displaced households do not have access to water within 30 minutes of home, while some 45 per cent report insufficient water for hand washing or improved sanitation.³²³ IDP children are particularly affected, with some 33 per cent of children under five years having experienced AWD in the two weeks prior to the 2020 WoA Assessment. The nine provinces where recent AWD cases among children were most common were Badakhshan, Bamyan, Daykundi, Ghor, Hilmand, Nangarhar, Parwan, Samangan and Sar-e-Pul.

The WASH challenges for women and girls are multifaceted. They are exposed to protection threats while fetching water or using unsafe sanitation facilities lacking privacy. In the WoA Assessment, 39 per cent of displaced households reported at least one area where women and girls feel unsafe.³²⁴ Another 27 per cent reported the distance to water points as a main concern and 23 per cent reported not enough containers to fetch and store water.³²⁵ The pandemic has further exacerbated the time it takes to collect water. Some 45 per cent of women refugees and 40 per cent of women IDPs noted an increase in the time spent on water carrying since the pandemic.³²⁶ Moreover, facilities adapted for people with disability are often unavailable, making this group susceptible to high risks associated with safety and dignity.

In 2021, some 289,000 IDPs, 615,000 returnees, 180,000 disaster-affected people, 194,000 COVID-19

patients, 39,000 refugees, and 7.5 million acutely vulnerable people will require WASH assistance. More than 700,000 people with a disability are estimated to be in need of WASH assistance.

Analysis of Humanitarian Needs

Severe WASH needs in Afghanistan are the product of several intersecting drivers. Lack of recovery from past conflict and natural disaster shocks has disrupted access to water and sanitation services as well as hygiene practices. The historically heavy focus on more emergency-type humanitarian assistance that does not address the medium-long term needs of people has also contributed to this situation. This is particularly the case amongst IDPs who are in protracted displacement and acutely vulnerable people who have been affected by past shocks and struggled to recover. The COVID-19 crisis has emphasised and exacerbated the vulnerability of the poorest people and IDPs, including many in urban areas who require improved sanitation and hygiene options. There is a tension between the desire to increase awareness about COVID-19 mitigation and a widespread inability to access clean water and soap for many people in the community. Some 79 per cent of all displaced households have no access to soap, while 95 per cent reported being aware of hand washing as a key preventative measure for COVID-19.³²⁷ This was particularly an issue for Kuchi nomads.³²⁸ Climbing rates of household debt will continue to make it harder for the most vulnerable to access safe and sufficient drinking water, as well as soap for handwashing, especially those living in informal settlements who mostly purchase water from commercial vendors due to the lack of municipal infrastructure. The 2020 Hard-to-Reach Assessments Round 3 (July-August 2020) shows that a staggering

Projected needs

PEOPLE DISPLACED IN 2021	RETURNEES IN 2021	PEOPLE AFFECTED BY SHOCKS IN 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
0.29M	0.62M	0.37M	7.58M	0.039M	8.8M

95 per cent of assessed settlements people reported being negatively affected by COVID-19 in the three months prior to data collection, with 70 per cent of displaced households not having any soap as it was no longer affordable. Since the pandemic, some 66 per cent of households in these settlements had lost income and 74 per cent took on more debt. Nearly a third of people living in informal settlements use public handwashing facilities. Overcrowding was reported to be an issue in one-third of the almost 1,150 assessed informal settlement sites. Lack of soap and water was reported in more than a quarter of hand washing facilities in these sites.³²⁹ Thousands of health care facilities and schools will continue to be in need of functional handwashing stations, safe water supply and improved sanitation facilities in 2021 – all critical to the fight against COVID-19. Cluster analysis shows more than 35 per cent of health care facilities and schools have no reliable access to water supply and sanitation services to facilitate quality education to children and health care services to patients. In 2021, seven provinces are classified as being in ‘catastrophic’ WASH need for displaced populations - Sar-e-Pul, Baghlan, Ghor, Badghis, Samangan, Faryab and Nuristan.³³⁰ Many of these provinces are facing groundwater challenges, including salinity, which are best addressed through development interventions.

The unavailability of water sources as well as the distance to water sources are known to heighten the risk of GBV for women, girls, and boys who are responsible for fetching water. In hard-to-reach areas, 66 per cent of key informants indicated that water sources were too far away or not available.³³¹ Similar concerns arise over the unavailability of safe latrines, which also heightens GBV risk.³³² In addition to water points being too far, 19 per cent of key informants in

hard-to-reach areas indicated that there are insufficient water points or that waiting times are too long.³³³

Monitoring

Throughout the humanitarian programme cycle (HPC), WASH partners undertake various needs assessments, both at the individual partner-level and as part of multi-sector needs assessments, through which data on access to functional water sources, improved sanitation facilities and access to soap and other hygiene supplies will be obtained. Through the Awaaz feedback line, WASH will also track responses on any of the three WASH needs indicators. Additional WASH monitoring indicators were designed by the WASH Cluster COVID-19 TaskForce in 2020 to obtain data on physical distancing and rumour tracking requirements. This data is collected through the Cluster’s 4Ws.

Reported data on AWD and SAM cases (by the Health and Nutrition Clusters) will be closely monitored as these are also proxy indicators of either poor or absent WASH services. WASH partners have indicated their plans to undertake further WASH needs assessments, particularly focusing on cash needs and opportunities in the sector. To the extent possible, the WASH Cluster will also use the ERM HEAT data throughout the year. Changes in the emergency context (conflict patterns, disasters) will be monitored through OCHA data and reports from the Cluster’s zonal focal points and partners, as this will feed analysis of trends and indications of WASH needs. In 2021, disability-specific indicators will also be included. The WASH Cluster will also monitor the three below needs indicators through updated data obtained from Geographic Information System (GIS) Unit in the Ministry of Rural Rehabilitation and Development (MRRD).

Needs indicators

#	INDICATORS	BASELINE 2020	SOURCE
01	% of people who do not have access to an improved and functional water sources.	33% (43% rural, 4% urban)	MRRD GIS Data, WoAA, Partner needs assessments
02	% of HH who do not have improved and functional latrine.	57% (61,7% rural, 43.5 urban)	MRRD GIS Data, WoAA, Partner needs assessments
03	% of people who do not have access to or cannot afford soap for hygiene promotion activities.	67% displaced populations 23.3% non-displaced populations	Partner needs assessments

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Part 4

Annexes

KANDAHAR

A young girl whose family has been displaced by violence and conflict in a village near Kandahar City, November 2019. Photo: OCHA/Charlotte Cans



4.1

Data Sources

Whole of Afghanistan Assessment

The third annual multi-sector needs assessment – the WoA Assessment was conducted from July to September 2020 to inform the HNO and response planning for 2021. The WoA Assessment was conducted under the framework of the ICCT and co-facilitated by the REACH initiative, in close collaboration with OCHA. NGOs underpinned this effort with more than 200 enumerators drawn from 11 national NGOs being involved, providing a vital training and capacity building opportunity for NGO staff on assessment best practice. The questionnaire used by REACH is compiled collaboratively with clusters and technical working groups and takes around half

an hour per household to conduct. Data is recorded across the country mostly using tablets.

While this annual multi-sector needs assessment usually relies on a sample of more than 30,000 households, COVID-19 risks and movement restrictions meant a reduced sample size for 2020. Some 16,057 household-level interviews were conducted despite the logistics challenges brought on by COVID-19 and the escalating conflict situation over the second half of the year. Even with this smaller sample size, the analysis team was still able to generate reliable, generalisable data with a 95 per cent confidence level and 5-10 per cent margin of error (subject to disaggregation of analysis). The analysis is stratified by key humanitarian

Number of assessments

NO. OF ASSESSMENTS	PLANNED ASSESSMENTS			PARTNERS	TYPE OF ASSESSMENT			
914	21			56	Multi-sector	Cluster Specific	HEAT/RAF	
	EiE	ES-NFI	FSAC	Nutrition	Protection	WASH	HEAT/RAF	Multi-sector
Capital	2	3	2	1	13	4	119	8
Central Highland	0	3	2	0	8	0	34	7
Eastern	1	4	2	1	8	12	225	8
North Eastern	2	4	2	1	7	0	159	8
Northern	1	4	2	0	13	7	38	8
South Eastern	1	3	2	0	8	4	61	8
Southern	2	4	2	1	9	10	48	8
Western	2	1	2	5	11	6	236	4
								Total
								152
								54
								261
								183
								73
								87
								84
								266

caseload groups: IDPs, cross-border returnees, refugees, and non-displaced shock-affected and acutely vulnerable people. Data can be disaggregated according to geography, gender, age and length of displacement. The Washington Group (short-set) questions were used to analyse disability trends, while questions on observed behaviour change were used as a proxy indicator for possible mental health concerns, given the low rates of formal diagnosis in Afghanistan. The latter is a standard methodology used by REACH in a number of countries with similar contexts.

For the first time in 2020, the analysis also generated reliable, generalisable data directly from people other than the head of household. This was part of a concerted effort to better understand the situation facing women within male-headed displaced households, rather than relying on non-comparable data from women heads of household and focus group discussions. Focus group discussions are usually a key element of the WoA Assessment methodology with regard to gendered perspectives but COVID-19 physical distancing requirements made these impossible in 2020. The WoA team adopted a dual-household interview approach with two-person teams of female-male enumerators moving house-to-house. This was not possible with all interviews given the challenges of finding sufficient female enumerators. Some 2,910 interviews were conducted with people who do not head the household (2,622 with women). Interviews were conducted with both head-of-household and a non-head member of the household of the opposite sex in displaced households in 11 provinces.

Assessment of Hard-to-Reach Areas

The WoA assessment is complemented by a companion data collection exercise in hard-to-reach areas where REACH uses a different methodology given the physical and security challenges involved in speaking to people in these locations. Hard-to-Reach Assessment data collection uses KIIs to gain an understanding of the humanitarian situation in settlements across selected districts. The selection of districts and key informants is done through a series of steps: Districts are selected in coordination with the HAG and the ICCT-based on information collected from

partners on accessibility of districts for data collection and previously defined hard-to-reach districts. While the assessment is designed to align with the WoA Assessment, the results are not directly comparable. Between July and August 2020, a total of 3,533 KIIs were conducted in 120 hard-to-reach districts, spread across 25 provinces, giving a stronger voice to these marginalised populations. Purposive 'snow-ball'³³⁴ sampling from settlements in 'Basic Service Units' (BSUs) within each district was utilised. Some 2,357 of the interviews were conducted by phone, mostly as a COVID-19 precautionary measure. Pre-pandemic, the second round of the HTR assessment (in Jan-Feb 2020) had some 1,369 out of 4,010 interviews conducted by phone, mostly due to accessibility issues.

Seasonal Food Security Assessment (SFSA) and Integrated Phase Classification (IPC) analysis

Food security and other vulnerability calculations in this HNO are heavily reliant on results from the nationwide SFSA and subsequent IPC analysis – the latter now conducted twice a year in Afghanistan and endorsed by the Government. The most recent SFSA data was collected from a sample of 22,050 households from 2,205 enumeration areas/communities across 11 urban and 34 rural analytical domains of the country in August and September 2020, making it highly representative at the national and provincial level. Information collection is a joint effort by the UN, NGOs and the Government. Out of 450 SFSA enumerators, more than half were from 22 NGOs. The survey covered both urban and rural communities. The IPC analysis was conducted twice in 2020 with projection periods between April and June 2020, July and November 2020; August and November 2020, and November 2020 and March 2021. The 2020 mid-year IPC projection was based on a Food Security Monitoring Assessment – a lighter food security assessment which aims to monitor changes in key trends in food insecurity – which was conducted between December 2019 and January 2020.

Informal Settlements Monitoring (ISETs)

Longer-term displaced households often live in Informal Settlements (ISETs) – displacement sites

with no written, legal agreement for land usage – usually in or near major urban centres. Given the significant information gaps in informal settlements, the REACH Initiative started monitoring informal settlements in April 2020. This ISETs data collection took place in 1,147 informal settlements in 133 districts in 28 provinces, covering 436,925 households between 10 May and 19 June 2020. Due to COVID-19 concerns at the time, all data collection was conducted remotely. The sites were identified through compiling known lists from IOM DTM and various INGOs, as well as from an earlier round of ISETs assessments conducted by REACH in 2017, and then additional sites were included through ‘snow-ball’ sampling. The monitoring aimed to identify the number of informal settlements in which people were living with possible humanitarian needs and then assess the services and infrastructure available at each location. Thus, the data is able to locate, map, and assess each ISET across Afghanistan and provide comparative data on the humanitarian situation facing residents. A special COVID-19 vulnerability index was created to inform immediate responses to the evolving crisis which shed light on the huge virus risks being faced by people in these sites. The data was made publicly available as an aggregated district level analysis, with site level data available upon request for humanitarian purposes only. A further round of in-person site assessment was conducted in November 2020, to include infrastructure mapping and ground-truthing of data to further advocate for and support the humanitarian community to prioritise ISETs with the highest needs.

Emergency Response Mechanism (ERM) Nationwide Post-Distribution Monitoring (PDM)

In addition to regular PDMs carried out by ERM implementing partners, the ERM carries out nationwide PDMs for all caseloads on a seasonal basis. The intent of the quarterly PDM is to identify national trends in how ERM multi-purpose cash assistance has been utilised, beneficiary perspectives on sufficiency and gaps, and overall ERM partner performance. To gather this information ERM's information management partner, REACH, conducts household surveys with beneficiaries remotely via phone. The sample is stratified by urban and rural households, and male

and female headed households and is calculated to produce findings that are generalisable to the wider beneficiary population, with 95 per cent level of confidence and 5 per cent margin of error, per strata.

Joint Market Monitoring Initiative

Launched jointly by the Afghanistan Cash and Voucher Working Group (CVWG) and partners in 2020, in collaboration with REACH Initiative (REACH), the JMMI provides monthly updates on prices of key items and market functionality to assess if needs can be met through Cash and Voucher Assistance. It complements existing price monitoring conducted by WFP, triangulating patterns across the nation.

Asia Foundation: Flash Perception Polls

Due to COVID-19, many surveys requiring face-to-face contact have been suspended. As a result, the annual Asia Foundation ‘Survey of the Afghan People’ could not be conducted in 2020. In lieu of that survey, the Asia Foundation captured this year's perception data through a series of phone polls or ‘Flash Surveys on Perceptions of Peace, the Economy and COVID-19 in Afghanistan’. The focus of the surveys is understanding perceptions on peace and the ongoing Intra-Afghan Negotiations, the economic situation of Afghans, and the burden, stigma and impact of COVID-19 in the country. The survey also looks at perceptions around security, NSAGs and the role of women. Some of the questions match the wider ‘Survey of the Afghan People’ and others were modified or removed. Some 4,303 telephone interviews were conducted (72 per cent male and 28 per cent female) and then weighted for gender balance. The survey was inclusive of all major and most minor ethnic groups. Urban residents made up 58 per cent of respondents, compared to 44 per cent from rural areas. Perceptions were gathered using telephone calls with random digit dialling. The flash survey is being conducted three times in total, with the first two rounds used for this HNO analysis and a third round taking place January 2021. At the end of the three rounds, a trend analysis will be conducted to measure how Afghan perceptions around critical topics shifted from September to January. While the phone surveys and the Survey of the

Afghan People are methodologically different, findings can be compared to reveal key trends.

Awaaz

Awaaz is a common feedback service for the humanitarian community that provides accountability to affected people (AAP) through a shared, national call centre that launched in May 2018. Functioning as a cross-network, toll-free hotline (open seven days a week), Awaaz facilitates a real-time two-way flow of information between affected populations and the humanitarian community at a localised and country level. By dialling 410, any person with access to a phone can speak to one of 10 multi-lingual operators (50 per cent of whom are women) in either Dari, Pashto, Urdu or English, to access information on or lodge feedback about ongoing humanitarian activities around the country. Acting as a two-way communication channel, Awaaz provides information on humanitarian services to affected populations, enhancing access to humanitarian assistance, linking callers with established referral systems and providing a complementary complaint and feedback mechanism. Relaying this self-identification of needs and priorities to the humanitarian community (disaggregated by gender, age, location and needs), both via regular dashboards for situational awareness and on a case-by-case basis with relevant clusters and partners, promotes better understanding of the priority concerns and preferences of affected people across the country. It also support improved integration of beneficiaries' feedback into the programme cycle and realises the Grand Bargain commitment to the participation revolution. Overall, the nature of the needs expressed via Awaaz is consistent with those identified in assessments and echoes the multi-dimensional and inter-woven humanitarian and development challenges now confronting the population. It is critical to note that Awaaz complements a range of feedback mechanisms established by individual agencies, results from which also feed into cluster analyses. Awaaz is also fully integrated into the AAP Working Group to ensure its data is analysed and used to inform the response. In the first 11 months of 2020, Awaaz has handled more than 45,000 calls (66 per

cent men, 20 per cent women, 14 per cent children) across all 34 provinces.

Awaaz has proven a vital, real-time information source during the COVID-19 response and supported partners with the dissemination of key COVID-19 messages. The COVID-19 pandemic has posed several operational challenges for Awaaz, particularly in terms of continued staffing of the call centre. Since early April, two functionally identical teams have been operating the call centre, separate from each other, on different shifts to reduce the risk of transmission and ensure business continuity.

Gender Knowledge, Attitudes and Perception (KAP) Survey

To measure the gender-specific consequences of COVID-19, UN Women partnered with IRC, civil society organisations and a mobile network operator (ROSHAN) to conduct a rapid assessment (KAP) survey across Afghanistan. This survey was one of a series carried out across the Asia-Pacific region by UN Women. The survey was shared through a text message that contained a link to the survey. This was sent to some 2.4 million phone subscribers across the country, with more than 6,700 responses received. However, it was determined that this methodology was unlikely to result in a representative sampling in Afghanistan, due to limited internet access, particularly for women. Therefore, the methodology was modified to also include offline data collection. This helped capture data from vulnerable groups, such as migrants and IDPs. In addition, social media was used to promote the survey link in Dari and Pashto to maximise respondents. The offline data was collected from 31 provinces and 7,352 respondents. This survey allowed humanitarian partners to understand the gender differentials in information that is available to the public on COVID-19; people's mental and emotional wellbeing; as well as the decline in income and household resources during the pandemic. This analysis was a key source of information for clusters in this needs analysis and subsequent response planning.

Displacement Tracking Matrix (DTM)

IOM's DTM is a system that tracks and monitors displacement and population mobility with the aim of better understanding of reasons for people's movements and their evolving needs both during and after displacement. In Afghanistan, DTM is designed to track mobility, determine population sizes of groups on the move, their reasons for displacement, places of origin, displacement locations and times of displacement, including basic demographics, as well as vulnerabilities and priority needs. Data is collected at the settlement level, through key informant interviews, focus group discussions, and direct observations. DTM enables the humanitarian community to be better informed on needs and deliver a better targeted and mobility-sensitive assistance.

At the onset of the COVID-19 pandemic, IOM's Displacement Tracking Matrix (DTM) conducted an analysis of past years' return trends and mapped key movement routes and top areas of return hosting high numbers of returnees. This allowed humanitarian partners to urgently develop a prioritised three-month Multi-Sector COVID-19 Response Plan in April 2020 and urgently mobilise response to address the needs created or aggravated by the crisis. Round 10 of the DTM's baseline mobility tracking shows that since 2012, close to 4 million returnees and some 4.8 million IDPs are present in Afghanistan. It is the only tool that provides settlement level data on long-term IDPs dating back to 2012.

Reports on the Protection of Civilians in Armed Conflict

UNAMA's Protection of Civilians report is produced quarterly and monitors civilian casualties and other violations of international humanitarian and human rights law caused by the armed conflict in Afghanistan. UNAMA investigates reports of civilian casualties by conducting on-site investigations, wherever possible, and consulting a broad range of sources that are evaluated for their credibility and reliability. Sources include accounts of witnesses, victims and directly-affected people, military actors (including the Government of Afghanistan and

international military forces), local village/district and provincial authorities, religious and community leaders, and other interlocutors. For each incident involving a civilian casualty, UNAMA requires at least three types of sources to confirm the details of the civilian casualties and evaluates each source to assess its credibility and reliability. UNAMA has been systematically documenting civilian casualties in the country since 2009 and its annual reports on protection of civilians are produced jointly with the UN Office of the High Commissioner for Human Rights (OHCHR). These regular reports have informed the humanitarian community's planning by revealing conflict and protection trends. These inform advocacy and response – for example, these informed joint advocacy around the Safe Schools Framework for mitigation against the impact of violence against education facilities during the most recent election period. They also directly inform mine action response and humanitarian access planning.

Risk Communication and Community Engagement (RCCE)

Risk communication has been a key element in the fight against COVID-19. Targeted messages about the virus, how it spreads, what people can do to protect themselves and busting myths have been key strategies of the MOPH and humanitarian response, led by WHO and NRC. To support this, the REACH Initiative conducted a rapid assessment in April 2020 to understand communication needs, including barriers to information; preferred means of communication; and information on COVID-19 in the community. This has helped inform the HNO analysis and response planning.

Assessments by sector

SECTOR	TYPE OF ASSESSMENT	LEAD
Multi-sector	Whole of Afghanistan Assessment	REACH
Multi-sector	Assessment of Hard-to-Reach Areas	REACH
Multi-sector	Informal Settlements Monitoring (ISETs)	REACH
Multi-sector	Emergency Response Mechanism (ERM) Nationwide Post-Distribution Monitoring (PDM)	REACH
Multi-sector	Joint Market Monitoring Initiative	CVWG/REACH
Multi-sector	Asia Foundation: Flash Perception Polls	Asia Foundation
Multi-sector	Awaaz	Awaaz (UNOPS)
Multi-sector	Household Emergency Assessment Tool (HEAT)	Multiple/ERM
Multi-sector	Multi-sector Rapid Assessment Form (MS-RAF)	IOM
Multi-sector	Displacement Tracking Matrix (DTM)	IOM
Multi-sector	Risk Communication and Community Engagement (RCCE)	REACH
Education	Rapid Feasibility Assessment for Implementing Alternative Education Pathways	SCI
Education	Brief Monitoring Report on Accessibility of NRC students to TV and Radio Education Programmes	NRC
Education	Rapid Assessment on the Continuity of Learning During the COVID-19 Pandemic	IRC
ES-NFI	Shelter, NFI and Winterization Assessment	UNHCR
ES-NFI	Rental Market Assessment for the Eastern region	UNHCR
ES-NFI	Evaluation of Winterisation Responses	UNHCR
ES-NFI	Study of Local / Vernacular Earth Architecture	UNHCR
ES-NFI	Shelter Catalogue - Transitional shelter solutions undertaken by ES-NFI partners	UNHCR
FSAC	Seasonal Food Security Assessment (SFSA) and Integrated Phase Classification (IPC) analysis	FSAC
Nutrition	SMART Surveys (Nimroz, Parwan, Nangarhar provinces)	AAH
Nutrition	Rapid SMART Survey (Takhar province)	AAH
Protection	Gender Knowledge, Attitudes and Perception (KAP) Survey	UN WOMEN/IRC
Protection	Reports on the Protection of Civilians in Armed Conflict	UNAMA
Protection	Non-technical survey of newly explosive hazards contaminated areas (Hilmand, Kandahar, Nangarhar, Kabul, Ghazni, Jawzjan, Ghor, Baghlan, Nuristan, Faryab and Sar-e-Pul provinces)	ATC, HALO Trust
Protection	The Complexity of COVID-19 in Afghanistan: Finding Solutions to A Child Protection Crisis	World Vision
Protection	Monitoring and Reporting Mechanism (MRM)	UNICEF

SECTOR	TYPE OF ASSESSMENT	LEAD
Protection	COVID-19 Multi-Sectoral Needs Assessment (focus on child protection, UASC and mental health- incl. GBV concerns)	WarChild
Protection	COVID-19 Multi-Sectoral Needs Assessment (incl. mental health and GBV against children).	Streetchild
Protection	Gender Analysis, and child protection focus (incl. specific rights and needs of girls and UASC).	SCI
Protection	Gender Analysis and gender- sensitive context analysis	CordAid, DFID, IMC
Protection	GBV Assessment (health focus)	Think Global
Protection	Rapid Needs Assessment on Housing, Land and Property (HLP), Legal Identity, including Civil Documentation (LCD), and Employment Rights in Faryab	NRC
Protection	Protection Monitoring	NRC
Protection	DRC Rapid Protection Assessments (RPAs) and emergency HEAT assessments in Hirat, central highlands, Kandahar, and Zabul	DRC
Protection	Intergrated programming HLP and FSAC	UN-Habitat, NRC, UNHCR
Protection	HLP and COVID-19 vulnerability	UN-Habitat
Protection	HLP and women's land rights	UN-Habitat, NRC, UNHCR
Protection	HLP and land allocation mechanisms	UN-Habitat, NRC, UNHCR
Protection	HLP and land ownership documents	UN-Habitat, NRC, UNHCR
WASH	WASH needs assessments for conflict and natural disaster-affected people (49 assessments)	DACAAR



KANDAHAR

After missing out on years of schooling, children displaced by conflict receive catch-up courses in Zheray district, Kandahar, southern Afghanistan with support from the AHF. Photo: OCHA/Charlotte Cans

4.2 Methodology

Joint Inter-sectoral Analysis Framework

In line with new global guidance, the Afghanistan HCT and ICCT have used a different methodology to analyse and calculate the number of people in need or PiN for 2021, using the new JIAF approach.³³⁵ The main objective of the JIAF is to ensure consistency in analysis and calculation approaches across global responses, with a robust, step-by-step process for jointly calculating need. This fulfils a Grand Bargain commitment on needs assessments where the humanitarian community agreed to provide “a single,

comprehensive, cross-sectoral, methodologically sound and impartial overall assessment of needs for each crisis to inform strategic decisions on how to respond and fund....” Donors, agencies and other humanitarian actors also committed to improve performance through a coordinated approach on needs assessments which are the backbone of the JIAF analysis. The JIAF takes an intersectoral analysis approach, recognising that while understanding sectoral needs and severity is important, so too is

identifying the inter-linkages and compounding effects across the sectors. This is particularly true in terms of sequencing - when some needs will not be resolved unless others are addressed first, in the ideal sequence.

In Afghanistan, this work was achieved through a dedicated JIAF workshop led by OCHA, and involving cluster coordinators, assessment leaders and information management officers, which flowed from a day-long ICCT HNO workshop. This process helped build technical consensus and buy-in across the team, with common ownership of results that are aligned with the wider contextual analysis from the preceding HNO workshop.

Earlier sections of the HNO outline the first analysis stages in the JIAF flow chart, with clusters and technical experts providing data, observations and expert trend analysis on the context, shocks, drivers of need, vulnerabilities and impacts of the crisis. Data sources included nationwide, multi-sectoral assessments such as the WoA and SFSA assessments, as well as individual cluster-based surveys and data. This analysis helped the ICCT identify populations of concern and analyse the consequences of the emergency through the lens of the three humanitarian conditions. Unlike the mid-year HRP revision, COVID-19 needs were mainstreamed throughout the analysis in 2021. Protection was also mainstreamed, rather than being presented as a separate consequence/condition, which is in line the HCT's broad objective to promote the centrality of protection. This work supported the development of a common planning scenario which the ICCT has used to frame the scope of this analysis. This work was further used to guide a common needs analysis with development actors, that identified 30.5 million people in need of social assistance in 2021 (see page 46).

Once developed, this narrative analysis of needs was then converted into numerical severity rankings using a series of 35 sectoral and multi-sectoral needs indicators (see annex pg 122). These came from multiple sources, including several nationwide multisectoral household-level datasets. They were selected during the JIAF workshop based on what was deemed to be the most contextually relevant for

sectors and on cross-cutting themes to provide the best overall picture of needs. These indicators were analysed using the JIAF Scenario B methodology to calculate the number of people in need, in combination with the agreed projections for key population groups such as IDPs, returnees and shock-affected people. From this, the corresponding needs severity map was produced. (See map on pg 09)

Using this Scenario B approach, each province received a severity score per indicator. This was calculated as the score within which at least 25 per cent or more of the population fell into need. This means, for example, that if 20 per cent of the population had a score of 5, and 10 per cent a score of 4, the 25 per cent threshold for a score of 5 was not met and the final severity score would be 4 (all the people in 5+4). The top scoring 50 per cent of the indicators were then averaged to reveal the minimum severity score for each province. This severity score then served as a guideline for calculating the number of people in need, assuming that at least 25 per cent of the total population for the province fell into the designated level of need or higher. This figure was then triangulated with other key or 'critical' indicators. In line with the guidance from the global HPC team and the Global Food Security Cluster, IPC scores were considered critical indicators. The IPC and JIAF population numbers were triangulated with the ICCT's expert analysis and used to calculate the total number of people in need - 18.4 million.

The severity map represents the overall scores reached through the JIAF. In 2021, there is an extremely high number and wide spread of people in IPC 3 and 4; the proportion of people with severe and extreme (3 and 4) severity rankings in the JIAF was also correspondingly high. Consequently, all 34 provinces were classified as being in either severe (15) or extreme (19) in terms of needs. New UNFPA Flowminder population projections for 2021 underpinned all calculations.

This is a new approach to calculating the number of people in need for Afghanistan. In the first three years of the multi-year HRP, the overall PiN was calculated using the highest number among the sectoral PiNs (usually FSAC in Afghanistan), plus any additional

people who are considered in need by other clusters but not by FSAC (e.g. trauma patients).

Clusters followed global cluster guidance to calculate their own sectoral PiNs for 2021, with some following the new severity scale methodology. Where this new severity was used by a cluster, this has been subsequently applied to develop their individual cluster severity maps. Where a different approach

has been used by a cluster, the severity maps have been produced by looking at the percentage of provinces falling into each severity class. It was also recommended that, where possible and relevant, clusters use data and indicators that had also been incorporated into the JIAF. No cluster PiNs exceeded the overall PIN. A breakdown of each cluster's methodology is below.

Sector Methodologies

Education

In Afghanistan, children aged 6-17 (school-aged children) make up 33 per cent of the total Flowminder population. The EiEWG considered children in the following population categories to be part of the PiN given their vulnerability and situational needs for EiE services:

- Internally displaced children due to conflict and natural disasters
- Returnee children from Iran and Pakistan
- Refugee returnee children from Iran and Pakistan
- 30 per cent of boys and 45 per cent of girls in the vulnerable people category – this represents those falling under IPC phase 3 and 4 who are considered in need because of vulnerability and financial pressures that are associated with food insecurity

The EiEWG relied mainly on the following data sources to estimate the needs for the sector: 2020 WoA data; EMIS data; EiEWG 4Ws and MRM data. The key indicators used to elaborate on the integrated needs for education in different parts of the country relate to access to education and attendance rates, as well as child labour and child marriage figures.

ES-NFI

In collaboration with its SAG members, the cluster listed key indicators and thresholds to highlight and quantify the severity of ES-NFI needs across the country. This included the types of shelter in which

affected people reside, the level of damage to their shelter, the type of tenancy agreement they have, what kind of shelter enclosure issues they report, household access to priority NFIs, household access to heating, fuel and blankets for winter, the level and source of income (whether formal or informal), and the level of indebtedness due to rent-related costs, among others. From the criteria above, the cluster defined a composite index that links multiple ES-NFI needs indicators to infer severity. People with multiple ES-NFI needs were classified in a more severe category. The composite index derived a needs severity score across a scale of 5, in line with the JIAF methodology.

In addition to above, the Cluster applied a second layer of analysis with a vulnerability lens. This prioritised people with stress, severe, critical or catastrophic ES-NFI sectoral needs in combination with one or more vulnerabilities (i.e. households headed by children, elderly, single women, people with disability, high debt burden, changes in behavior (mental health), and lack of documentation). The proportion of the population falling into each severity score was derived at province-level (statistically representative for displaced and refugee population groups) and at national-level (for returnees and acutely vulnerable people). This was then multiplied against the planning figures to produce the PiN per province for each population group.

For the natural disaster population group, the Cluster defined a list of indicators and questions from IOM/HAP that looked at the ES-NFI needs of people affected by natural disasters from 2015 to 2020. A

weighted average score was created for people who were affected by disasters over the past six years and who had related ES-NFI needs was derived at province-level. The proportion of the population falling into each severity score derived at province level was multiplied against the planning figures to produce the PiN per province for the natural disaster population group.

FSAC

The FSAC PiN was developed through the bi-annual IPC analysis where primary food security outcome indicators such as food consumption score and livelihood coping strategies were considered and cross-referenced with contributing factors such as agricultural productivity, food stocks, debt levels and nutritional indicators. In 2020, the impact of COVID-19 was included as part of the analysis. The latest IPC analysis was published in November 2020 with projections through until March 2021.³³⁶ The HNO analysis relied on the Flowminder population figures for all calculations. All those in IPC 3 and 4 were included in the cluster PIN as per global guidance.

The first level outcome indicators used in the IPC analysis are the Food Consumption Score (FCS), Household Hunger Scale (HHS), Household Dietary Diversity Score (HDDS), reduced Coping Strategy Index (rCSI), Food Expenditure Share (FES), Livelihood Coping Strategy (LCS), along with nutrition indicators including, Crude Death Rate (CDR), Under 5 Years Death Rate (U5DR), SAM and GAM. These are in addition to the second-level outcome indicators on nutritional status and mortality rates. Contributing factors include indicators on food availability, access, utilisation and stability and area specific hazards and vulnerabilities.

The SFSA collects data on Protection, WASH, Shelter indicators and forms the baseline for the IPC analysis. In order to determine people in need of food and livelihoods assistance, FSAC also uses PDM data, IOM Rapid Assessment findings, and the WoA Assessment data.

Health

The Health Cluster calculated its sectoral number of people in humanitarian need by looking at three categories of emergency-type support – emergency primary health care, trauma care and COVID-19. Two lenses are used to quantify needs – service supply versus demand, and compounding vulnerability factors. The first is the gap between current demand and health service capacity. The second looks at compounding factors or emerging situations that may create additional pressure on health services beyond the current levels, meaning either more patients or patients with deeper needs. Compounding factors could be things such as the rate of vaccination for polio, high malnutrition, or recurrent flooding that drives high rates of AWD and other preventable disease. The Health Cluster PiN calculation process follows the Global Health Cluster core indicator list, assigning relevant thresholds, across health service demands, gaps and compounding factors. Severity is calculated by giving more weight to the different compounding factors.

It is critical to understand that individuals often have multiple health needs under different categories and so efforts are made to remove duplication by assuming overlaps. For each province, the cluster takes the highest PiN figure available, accounting for all indicators. For example, in a province where 50 per cent of the population is not covered by the available ICU beds and 20 per cent of the population is not covered by skilled birth attendants, the cluster will assume the higher need figure – i.e. 50 per cent. This way of calculating assumes that lack of sufficient services then overlaps with any aggravating factors such as a high number of unvaccinated children.

For COVID-19 needs, the Cluster relied on the Seropositivity Epidemiological Survey published in July 2020. As per findings from this survey, at least 30 per cent of the population are affected. The Cluster further analysed provincial positivity rates to identify ‘high’ risk provinces and numbers of critical cases. Trauma care needs are projected based on analysis of past years’ trends, considering the projected conflict tempo and availability of functional health facilities in areas affected by conflict.

Nutrition

To estimate the Nutrition PiN, the Cluster relied on the 2021 Flowminder population projection and the combined GAM prevalence (cGAM)³³⁷ drawn from 31 provincial SMART surveys conducted between 2016-2020. For the other three provinces³³⁸ where SMART survey data was not available, extrapolations were made based on the adjacent province survey results to provide estimates of cGAM prevalence and estimate people in need. The affected proportion of the under-five population is based on a 17.3 per cent multiplier (Afghanistan Updated Population Central Statistics Office - CSO 2018-2019). Similarly, the number of PLW was estimated at 8 per cent of the total population, based on the 2018-2019 estimations from CSO.

The projection GAM/SAM caseloads among children under-five in each province is estimated by multiplying the prevalence of combined GAM/SAM in a province by the under-five population, times a correction factor of 2.6 to cater for incidence (i.e. new cases) of acute malnutrition throughout 2021. This methodology is recommended by the Global Nutrition Cluster. The caseload for PLW in need of nutrition support was estimated by multiplying the prevalence of acutely malnourished PLW (MUAC <23cm) in a province by the PLW population numbers. The number of nutritionally at-risk people (requiring IYCF-E, Micronutrient Supplementation, Blanket supplementary feeding program services and MIYCN) was estimated by taking 25.3 per cent (proportion of children under five and PLW in the general population) of conflict and disaster IDPs, shock-affected non-displaced people as well as vulnerable people residing in informal settlements. To account for an increased burden of malnutrition due to the deteriorated food security situation in the country which may not yet have fully manifested in malnutrition cases in SMART surveys, the Global Nutrition Cluster recommends that caseloads are increased by between 10 and 20 per cent. Applying this principle in Afghanistan, the Nutrition Cluster has projected that SAM and MAM rates for 2021 will increase by 10 per cent, 15 per cent and 20 per cent in IPC 2, IPC 3 and IPC 4 areas, respectively. The Nutrition PiN combines projected SAM and MAM cases, under-nourished PLW and children and women at risk of malnutrition.

Protection

The Protection PiN was calculated according to the severity of protection needs that resulted from the 2020 WoA Assessment and from the IMSMA. A composite score based on key protection indicators was developed for each sub-cluster, including general protection; the composite scores were used to calculate the proportion of the population falling into a severity scale of 1 to 5, following the JIAF methodology. A score of 3, 4, or 5, was given based on the attributed consequence being either severe, critical or catastrophic, respectively. For each sub-cluster, households with a score of 3-5 were designated as the number of PiN. In order to minimise duplication of people in need across the four sub-clusters of the Protection Cluster, the Cluster applied the following aggregation rule: the maximum number of PiN by district, gender, population groups and across sub-clusters including general protection, were added up to obtain the overall Protection PiN. This ensures that there is no double-counting of beneficiaries, as many individuals actually receive several types of assistance from different protection AoRs due to their vulnerability.

The calculation of each sub-cluster composite indicator was as follows:

For both General Protection and the CPiE, the percentage of households that reported a critical protection concern was assigned a severity of 5, while households that reported any behavioral changes were assigned a severity of 4. The percentage of households that reported some or all members to be without a valid Tazkera or only one female adult had a valid ID were assigned a severity of 3.

For the CPiE and GBV sub-clusters, households that reported marriage of daughters earlier than intended were assigned a severity of 3 and 5 respectively. For the GBV Sub-Cluster, households that reported the nearest health facility to be three or more hours away by walking were assigned a severity of 4.

For HLP, the PiN was calculated from the 2020 WoA Assessment data. Households that reported unmet

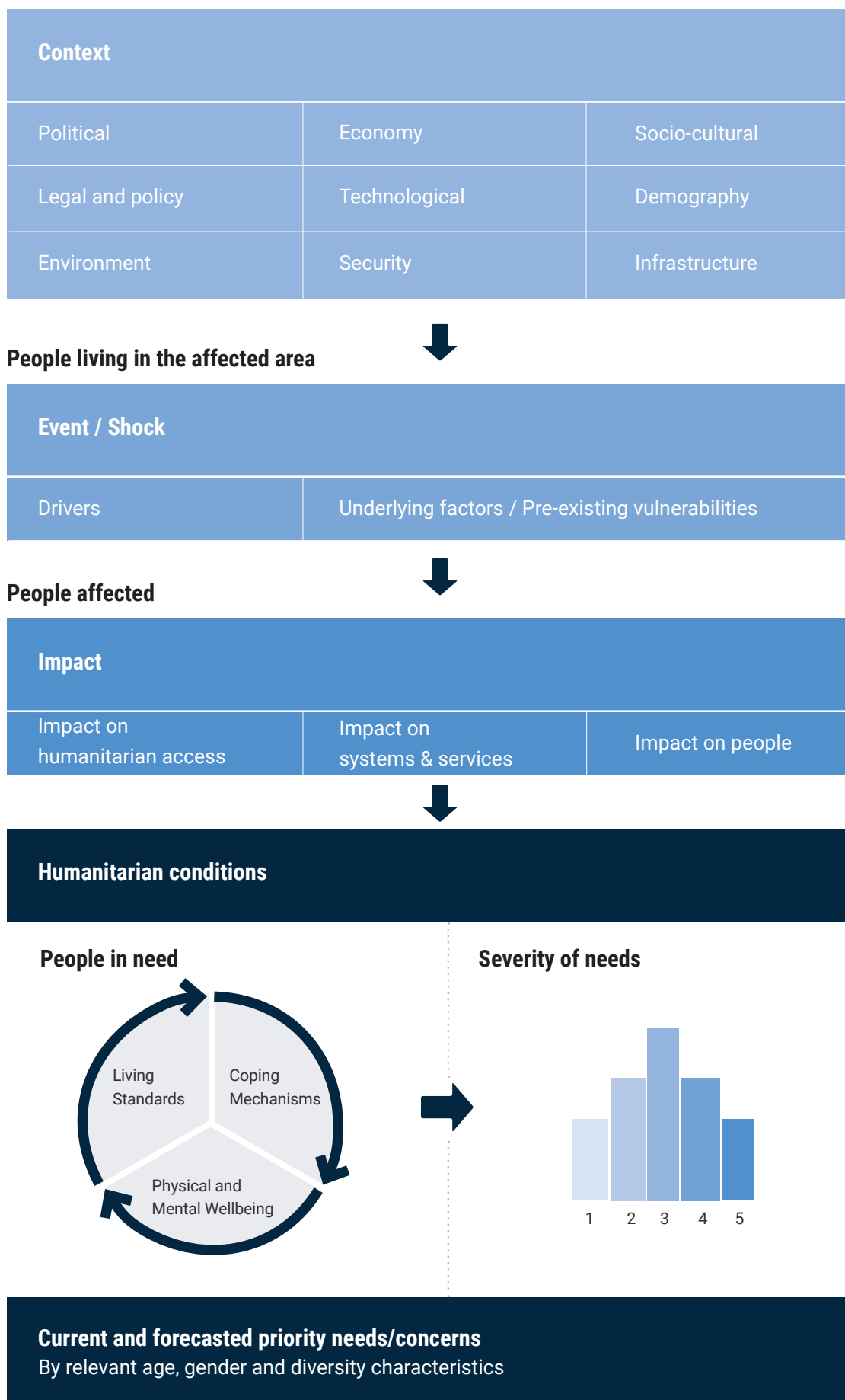
needs for occupancy documents including having verbal rental agreement, Safayee Notebook or no occupancy document were considered as people in need. The percentage obtained from the HLP indicator “Proportion of people with unmet need for occupancy documents (households who answered: Rental agreement (verbal)/None (occupied without permission)/Safayee Notebook)” was applied against total population figures to obtain the HLP PiN.

Data from the Mine Action IMSMA was used to determine the number of people living within 1km of legacy hazards and improvised mines and classified them as being in need of Explosive Ordnance Disposal (EOD), Survey and Clearance. The 2021 Flowminder population projection was used to determine additional people in need. 25 per cent of refugees were considered in this category due to the need to travel to surrounding districts, 50 per cent of conflict displaced people due to their vulnerability to explosive hazards, and 100 per cent of undocumented returnees, non-displaced conflict-affected people and documented refugees due to their unfamiliarity with the risks of their surroundings. These groups were also considered to be in need of mine action services. The IMSMA database is used worldwide to record MA-related information. This system is managed by the MA AoR's Government counterpart, DMAC in Afghanistan.

WASH

The WASH PiN was developed through a combination of severity scaling and reliance on past trends. The number of IDPs in need of WASH assistance per province was based on three indicators (sufficient handwashing facilities; sufficient quality and quantity of water; and access to a functional and improved sanitation facility) in severity classifications 3, 4 and 5. A similar method was applied for refugees and asylum seekers. Some 33 per cent of people coming from Iran will use WASH services provided at crossing points and transit centres. Some 90 per cent of people returning from Pakistan will need WASH services in their settlements. An additional 35 per cent of the refugee returnees who live in informal settlements or with host communities will need WASH assistance. Based on the WASH Cluster database from 2019-2020, some 90 per cent of people affected by natural disasters and all people hospitalised because of COVID-19 will need WASH assistance in their communities and in health facilities, respectively. To identify the number of vulnerable people with humanitarian needs, the Cluster relied on IPC 3 and 4 data and looked at the percentage of people drinking water from unprotected sources and the percentage of people engaged in open defecation.

The Joint Intersectoral Analysis Framework (JIAF)



The JIAF Severity Scale

SEVERITY PHASE	KEY REFERENCE OUTCOME	POTENTIAL RESPONSE OBJECTIVES
1 None/Minimal	Living Standards are acceptable (taking into account the context): possibility of having some signs of deterioration and/or inadequate social basic services, possible needs for strengthening the legal framework. Ability to afford/meet all essential basic needs without adopting unsustainable Coping Mechanisms (such as erosion/depletion of assets). No or minimal/low risk of impact on Physical and Mental Wellbeing.	Building Resilience Supporting Disaster Risk Reduction
2 Stress	Living Standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods). Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible Coping Mechanisms. Minimal impact on Physical and Mental Wellbeing (stressed Physical and Mental Wellbeing) overall. Possibility of having some localized/targeted incidents of violence (including human rights violations).	Supporting Disaster Risk Reduction Protecting Livelihoods
3 Severe	Degrading Living Standards (from usual/typical), leading to adoption of negative Coping Mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets). Reduced access/availability of social/basic goods and services Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - Coping Mechanisms. Degrading Physical and Mental Wellbeing. Physical and mental harm resulting in a loss of dignity.	Protecting Livelihoods Preventing & Mitigating Risk of extreme deterioration of Humanitarian conditions
4 Extreme	Collapse of Living Standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies. Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term. Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality	Saving Lives and Livelihoods
5 Catastrophic	Total collapse of Living Standards Near/Full exhaustion of coping options. Last resort Coping Mechanisms/exhausted. Widespread mortality (CDR, U5DR) and/or irreversible harm. Widespread physical and mental irreversible harm leading to excess mortality. Widespread grave violations of human rights.	Reverting/Preventing Widespread death and/or Total collapse of livelihoods

JIAF Indicators and Thresholds

#	PILLAR	SUB PILLAR	INDICATOR NAME	TYPE OF SOURCE	INTERPRETA-TION LEVEL(S)
1	Humanitarian Conditions	Physical and mental wellbeing	% of households with at least one member with a disability by severity	HH survey	HH
2	Humanitarian Conditions	Coping mechanisms	% of households exceeding higher than average debt (>45,000 AFN)	HH survey	HH
3	Humanitarian Conditions	Coping mechanisms	% of households know how to access humanitarian assistance (e.g. where to go and who to contact?) if they were to need it and feedback or complaint mechanisms to reach aid providers about community needs, assistance received or problems with assistance	HH survey	HH
4	Humanitarian Conditions	Living standards	% HHs without access to essential services (including health, education, markets, and improved water sources)	HH survey	HH
5	Humanitarian Conditions	Living standards	% of children aged 6 to 17 that attended formal schooling at least 4 days a week prior to C-19 outbreak	HH survey	HH
6	Humanitarian Conditions	Living standards	% school aged children enrolled in school prior to C-19 without access to education in a safe and protected environment (defined as available handwashing facilities and heating)"	HH survey	HH
7	Humanitarian Conditions	Living standards	% of households had at least 1 child between the age of 11 - 17 working outside of the household in the last 30 days	HH survey	HH
8	Humanitarian Conditions	Coping mechanisms	% of households reporting "Marriage of daughters earlier than intended" due to lack of food or income to buy food in the last 30 days (yes, or unable due to strategy exhausted)	HH survey	HH
9	Humanitarian Conditions	Physical and mental wellbeing	IPC analysis	IPC	Area
10	Humanitarian Conditions	Physical and mental wellbeing	% of shock-affected HHs with a poor FCS	HH survey	Area
11	Humanitarian Conditions	Coping mechanisms	% of HHs unable to obtain seed	HH survey	Area
12	Humanitarian Conditions	Coping mechanisms	% of HHs who have lost their source of income due to conflict, natural disaster or reduced employment opportunities	HH survey	Area
13	Humanitarian Conditions	Physical and mental wellbeing	Coverage of BCG, Penta, OPV, measles and full immunization based on either card or mother's report in < 1 year old, by province		Area
14	Humanitarian Conditions	Living standards	% of households in which women has access to skilled birth attendants		Area
15	Humanitarian Conditions	Living standards	% of population that can access health facilitiy, by distance by walking	HH survey	HH
16	Humanitarian Conditions	Physical and mental wellbeing	Prevalence of Global Acute Malnutrition (GAM) based on weight for height Z-score (WHZ)<-2 and/or bilateral oedema among children 0-59 months.		Area
17	Humanitarian Conditions	Physical and mental wellbeing	Prevalence of Global Acute Malnutrition (GAM) based on Mid-Upper Arm Circumference (MUAC) <125mm and/or bilateral oedema among children 6-59 months (only if GAM based on WHZ is not available)		Area

SOURCE	1. NONE/MINIMAL	2. STRESS	3. SEVERE	4. CRITICAL	5. CATASTROPHIC
WoA	No family member disabled	At least 1 family member has 'some difficulty'	At least 1 family member has 'a lot of difficulty'	At least 1 family member 'cannot do at all'	More than two types of disability reported 'cannot do at all'
WoA	0-<10,000	>10,000	>45,000	>65,000	No criteria
WoA	Aware of both how to access and of feedback or complaint mechanisms	Aware of how to access or of feedback or complaint mechanisms	Aware of neither	No criteria	No criteria
WoA	None	At least one essential service	At least 2 essential services	At least 3 essential services	4 or more essential services
WoA	1	76%-99%	75-46%	45-16%	<=15%
WoA	Both heating and hand washing	Heating but not handwashing	Handwashing facilities but not heating	Neither handwashing facilities or heating	No criteria
WoA	No	No criteria	Yes	No criteria	No criteria
WoA	No	Not used/not applicable	Yes	Strategy exhausted	No criteria
IPC	% population under phase 1	% population under phase 2	% population under phase 3	% population under phase 4	% population under phase 5
PDM (WFP, ERM)	Acceptable and Stable >42	Acceptable but deterioration from typical 35-42	Borderline 21.5-35	Poor 0-21	Poor 0-21
SFSA	<25%	25-50%	50-75%	75-85%	>85%
SFSA	<50%	50-70%	70-80%	80-90%	>90%
AHS 2018	100%	70-99%	50-69%	30-49%	<30%
AHS 2018	100%	60-99%	40-59%	20-39%	<20%
WoA	<30 minutes	< 1 hour	< 3 hours	3 or more hours	No criteria
SMART	<5%	5-9.9%	10-14.9%	15-29.9%	≥30%
SMART	<5%	5-9.9%	10-14.9%	15-29.9%	≥30%

#	PILLAR	SUB PILLAR	INDICATOR NAME	TYPE OF SOURCE	INTERPRETA-TION LEVEL(S)
18	Humanitarian Conditions	Physical and mental wellbeing	Prevalence of Global Acute Malnutrition (GAM) based on Mid-Upper Arm Circumference (MUAC)<210-230 (depending on the contexts) and/or bilateral oedema among Pregnant and Lactating Women (PLW)		Area
19	Humanitarian Conditions	Living standards	% of mothers exclusive breastfeeding for infants 0-5 months		Area
20	Humanitarian Conditions	Physical and mental wellbeing	Prevalence of stunting based on height-for-age Z-score (HAZ)<-2 among children 0-59 months		Area
21	Humanitarian Conditions	Physical and mental wellbeing	# of civilian casualties from mines, including VOIEDs and ERWs, in 2019 and 2020		Area
22	Humanitarian Conditions	Living standards	% of households with one or more members experiencing a protection concern in the last 30 days	HH survey	HH
23	Humanitarian Conditions	Living standards	Proportion of people with unmet need for occupancy documents (households who answered: Rental agreement (verbal)/ None (occupied without permission)/Safayee Notebook)	HH survey	HH
24	Humanitarian Conditions	Coping mechanisms	% of household have individuals experiencing any behavioral changes in the past year	HH survey	HH
25	Humanitarian Conditions	Living standards	% of households by member ownership of tazkira	HH survey	HH
26	Humanitarian Conditions	Living standards	% of HHs with access to a safe and healthy housing enclosure unit (A combination of type of shelter and; shelter defects)	HH survey	HH
27	Impact	Impact on people	% of HHs in need of shelter repair /upgade assistance (Refer to shelter damage severity)	HH survey	HH
28	Humanitarian Conditions	Living standards	% of HHs in need of NFIs (Refer to number of items per HH)	HH survey	HH

SOURCE	1. NONE/MINIMAL	2. STRESS	3. SEVERE	4. CRITICAL	5. CATASTROPHIC
SMART	<12.5%	12.6%-19.9%	20-24.9%	25-34.9%	≥35%
AHS 2018	≥70%	50-70%	30 -50%	11-30%	<11%
AHS 2018	<20%	20-29%	30-39%	≥40%	No criteria
DMAC	Below 25	25-49	50-99	100-199	200-300
WoA	No concerns	'None' or 'covid_19'	Attacks or harrassment' or 'Abduction, forced recruitment, detention' or 'abuse or exploitation' or 'violent destruction of property/farmland' or 'movement restrictions (by armed actors)' or 'threat of eviction'	'Explosive hazards'	'Maiming or killing'
WoA	All other options	No criteria	Safayee Notebook or rental agreement (verbal)	None (occupied without permission)	No criteria
WoA	No behavioural change observed	1 change (not "angry/ aggressive / violent behaviour" or "substance abuse")	"Angry/ aggressive / violent behaviour" or "substance abuse"	"Angry/ aggressive / violent behaviour" and "substance abuse"	No criteria
WoA	All members gave IDs/ tazkiras in their possession	Some household members have missing IDs/ tazkiras but more than two female adults have an ID/tazkera (or all if less than 2, or none if no female adults)	Some household members have missing IDs/ tazkera but only one or no female adult has an ID/tazkera	No members currently have a valid ID/tazkera	No criteria
WoA	permanent AND; Presence of dirt or debris (non removable and removable)	Transitional and presence of dirt or debris (removable and non removable)	Unfinished / transitional and leaks during light rain, limited ventilation	Unfinished / transitional shelter and lack of insulation from cold, leaks during heavy rain.	Tent / makeshift / collective centre not intended for living
WoA	No damage	No damage (clean up of debris)	Partial damage (broken windows, doors, small cracks etc)	Significant damage (damage to foundations, roof, walls etc)	Fully destroyed (unlivable conditions)
WoA	Household with all 5 NFIs	Household with 4 out of 5 NFIs	Household with 3 out of 5 NFIs	Household with 2 out of 5 NFIs	Household with 0 to 1 NFIs

#	PILLAR	SUB PILLAR	INDICATOR NAME	TYPE OF SOURCE	INTERPRETA-TION LEVEL(S)
29	Humanitarian Conditions	Living standards	% of HHs in need of blankets and heating assistance living in a severe winter zone (A combination of number of blankets per HH member, type of heating materials and temp variations across the country)	HH survey/ area based prevalence	HH / Area
30	Humanitarian Conditions	Coping mechanisms	% of households in debt due to rent	KII (settlement)	Area
31	Humanitarian Conditions	Living standards	% of households with access to sufficient handwashing facilities	HH survey	HH
32	Humanitarian Conditions	Living standards	% of HHs having access to a sufficient quality and quantity of water for drinking, cooking, bathing, washing or other domestic use	HH survey	HH
33	Humanitarian Conditions	Living standards	% of households having access to a functional and improved sanitation facility	HH survey	HH
34	Humanitarian Conditions	Living standards	% of children under 5 reported to experience AWD in the past two weeks	HH survey	HH
35	Humanitarian Conditions	Living standards	% of households reporting areas where women and girls feel unsafe	HH survey	HH

SOURCE	1. NONE/MINIMAL	2. STRESS	3. SEVERE	4. CRITICAL	5. CATASTROPHIC
WoA	2 or more blanket per HH member and use of Coal or Charcoal, LPG (liquid petroleum gas), Electricity, Baloth or Archa wood, Bushes or local wood	1-2 blanket per HH member and use of Bushes or Local wood, Animal dung as heating source, Coal or Charcoal, LPG (liquid petroleum gas), Electricity, Baloth or Archa wood or 2 or more blankets and use Animal dung or waste (paper, plastic, carton board, etc.)	less than 1 blanket per HH member and use of Bushes, Baloth, Local wood, Animal dung as heating source, Coal or Charcoal, LPG (liquid petroleum gas), Electricity or 2 or more blankets and no heating source	1-2 blanket per HH member and no heating source; use of waste (paper, plastic, carton board, etc.)	less than 1 blanket per HH member and no heating source; use of waste (paper, plastic, carton board, etc.)
HTR	No debt or HH has debt but primary reason for debt is not Rent	"HH has debt and primary reason is rent and debt < 6000 Afs"	"HH has debt and primary reason is rent and 6000 Afs <= debt < 12000 Afs"	"HH has debt and primary reason is rent and 12000 Afs <= debt < 18000 Afs"	"HH has debt and primary reason is rent and 18000 Afs <= debt"
WoA	Soap is available at home and HH reports having sufficient water for handwashing	Soap is available at home (but not seen) and HH reports having sufficient water for handwashing	Soap is NOT available at home and HH reports having sufficient water for handwashing	Soap is available or sometimes available at home and HH reports NOT having sufficient water for handwashing	Soap is NOT available at home and HH reports NOT having sufficient water for handwashing
WoA	"Water comes from an improved water source of acceptable Sphere standards quality which is located on premises and/or Enough water for drinking, cooking, personal hygiene and other domestic purposes"	Water comes from an improved water source of acceptable Sphere standards quality, provided collection time is not more than 30 minutes for a roundtrip, including queuing and/or Enough water for drinking and cooking and personal hygiene, and NOT for other domestic purposes	Water comes from an improved source of acceptable Sphere standards quality for which collection time exceeds 30 minutes for a roundtrip, including queuing and/or Enough water for drinking and EITHER cooking or personal hygiene	Water comes from an unimproved water source and/or Enough water for drinking and NOT for cooking and personal hygiene	Water comes directly from rivers, lakes, ponds, etc. and/or NOT enough water for drinking
WoA	Uses an improved sanitation facility and does NOT share facility	Uses an improved sanitation facility and shares facility	Does NOT use an improved sanitation facility and is NOT in an informal settlement and does NOT share facility	Does NOT use an improved sanitation facility and is in an informal settlement or shares sanitation facility	Practices open defecation or Does NOT use an improved sanitation facility and is in an informal settlement and shares a sanitation facility
WoA	0-9%	10-19%	20-39%	39-55%	>55%
WoA	Women and girls do not avoid areas	Women and girls feel unsafe in one area	Women and girls feel unsafe in two areas	Women and girls feel unsafe in three areas	Women and girls feel unsafe in four or more areas

4.3

Information Gaps and Limitations

GIMAC DEEP- Secondary Data Review Project

While the Afghanistan response has a robust multi-sectoral assessment programme (WoA, SFSA, DTM, ISETs), the response has not always made the most of this data through robust multi-sectoral analysis of the results. The Peer-to-Peer Mission to Afghanistan in early 2019 noted that there were gaps in data analysis and recommended that analysis capacity should be expanded for the response. In a bid to join up different multi-sectoral and sectoral assessment efforts and paint a more holistic picture of needs and information available in-country, Afghanistan is one of a small number of countries that have been chosen to participate in a Data Entry and Exploration Platform (DEEP) secondary data review project in 2020-2021. The Global Information Management, Assessment and Analysis cell on COVID-19 (GIMAC) will run the programme which aims to coordinate, structure, collate, manage and analyse COVID-19 related information to support country teams with trend analysis and data-driven decision making. The project can provide a meta-analysis of sectoral and inter-sector assessments to identify trends and gaps. The DEEP project will undertake a secondary review of published qualitative data (via country-level assessments, surveys, sit reps, etc.) and store the data in a structured repository. The outputs will include a structured database with a data exploration module, searching, filtering, and export functionalities; an assessment registry; a secondary data review document providing monthly data collation in a report format; and a summary of key findings. The ICCT has already established an Assessments Working Group to support the project through provision of data sources and expert advice. The Working Group has met once in 2020 and will have a more regular engagement in this endeavour in 2021. This project is also expected to positively inform the mid-year monitoring of needs in 2021.

Whole of Afghanistan (WoA) Assessment and Assessment of Hard-to-Reach Areas

In 2020, the WoA Assessment was one of the few multi-sectoral assessments that could be conducted to a sufficient scale to inform the 2021 HNO. The 2020 WoA Assessment questionnaire was reviewed and amended by all Clusters and thematic working groups before rollout. Due to COVID-19 considerations, measures had to be taken to slightly shorten the questionnaire to reduce extended face-to-face interactions. If a vaccine is rolled out and the COVID-19 situation subsides in 2021, REACH intends to reinstate in-depth focus group discussions that were suspended in 2020.

As cultural expectations mean that the male head of household is exclusively expected answer questions on behalf of each family, the WoA Assessment will continue the good practice of hiring more female enumerators to allow for separate male and female household-level interviews in enough locations to provide a representative sample. Recruitment of teams of female and male enumerators (often husband/wife, brother/sister teams) will continue to enable this. This is especially important in remote areas where movement of solo female enumerators can put them at risk due to restrictive cultural beliefs that limit women's movement without a male escort.

In the complementary assessment of hard-to-reach areas in Afghanistan, now planned to be conducted quarterly, there will be a commitment to use the HAG's inaccessibility list, instead of relying on individual partner data. The latter approach had been used in 2020 in lieu of the HAG's ranking of inaccessible districts.

Disability and Mental Health

Despite disability and mental health issues being pervasive challenges across the country, comprehensive and regular assessments and analyses on these themes do not exist. In 2019, the Asia Foundation was able to release the Model Disability Survey in Afghanistan, which evaluated indicators for physical disability, learning and other impairments as well as mental health. Covering 14,290 households (representing 111,641 people) across the country, this was only the second assessment of its kind in 15 years. The first one was conducted in 2005 by Handicap International. There is recognition that more up-to-date and sector-specific data on disability and mental health needs is required. The WoA Assessment and other multi-sector assessments have made some progress on this with the inclusion of the Washington Group Questions – condensed to fit the assessment format. Data on mental health issues is also collected by assessing people's perceived changes in behaviour as a proxy. However, this data remains self-reported with reliability difficult to gauge. Getting a better snapshot of disability and mental health needs is a priority for 2021 through the establishment of a Disability Inclusion Working Group involving both humanitarian and development actors. The ICCT has committed to also better monitor perceptions of response from people with physical and mental disability.

Perceptions Data

The ICCT has committed to focus more on attaining data on people's perceptions of the different facets of the crisis, their self-reported needs and their opinions of the response. With the establishment of an AAP Working Group in mid-2020 and recruitment of a dedicated coordinator as well as the revitalisation of a PSEA Taskforce with a multi-year funded coordination capacity, efforts have been made to place voices of affected people at the heart of humanitarian needs analysis and response planning. The AAP Working Group has been supporting Clusters to put in place AAP indicators. The Working Group has also committed to work on a broader list of perception indicators in 2021. Efforts will also be extended to

better understand people's information needs and preferences.

The annual perception survey conducted by the Asia Foundation on people's views of different issues in the country could not be conducted in 2020. Instead, the Asia Foundation launched three flash perception polls on reduced number of topics, conducted mainly on the phone. This presents a reduced number of themes and will not allow a direct trend analysis with previous years. However, efforts have been made to make the survey questions and subsequent results comparable.

The surveys are using the phone as a primary means to reach people which will de facto exclude the voices people who do not have access to phones (especially vulnerable people, women and those in remote rural areas). Furthermore, findings remain indicative of perceived not actual issues obstacle/challenges and should be analysed in combination with other data to give a full picture. The surveys (in three rounds) right before and during the second wave of the pandemic may not be representative of what views will be in the first quarter of 2021 as the situation remains dynamic.

Awaaz

Awaaz is proving an increasingly useful information source for operational partners on emerging needs and response priorities in conflict and natural-disaster affected areas. In the first 11 months of 2020, Awaaz handled more than 45,000 calls (20 per cent from female callers and 14 per cent from children). Issues and needs registered through Awaaz, although reflective of the real and immediate issues people face, can, however, only be considered illustrative. Results are limited in their representation to those sections of the community which are aware of the call centre and have access to a phone to make a call. The 2020 WoA Assessment results showed that 85 per cent of respondents were not aware of any feedback or complaint mechanism to reach aid providers existing in the country. Of the 15 per cent who knew of one, only 18 per cent were aware of Awaaz/410.

SECTOR-SPECIFIC INFORMATION GAPS

EIE

As a result of COVID-19 movement restrictions and precautionary measures, partners were not able to conduct education-specific assessments in 2020 which provide in-depth analyses of the state of education in the country. The lack of data has prevented a clear picture of the qualitative and quantitative impact of the school closure period on children's wellbeing and learning outcomes. To overcome this gap, the Cluster relied on preliminary research and small-scale assessments and drew lessons from learning interruptions in other contexts. The correlation between the multi-sectoral needs of families and parents/caregivers' unwillingness to enrol their children in school (whether impacted by COVID-19 or pre-existing) has also not yet been specifically measured. This makes it difficult to anticipate student drop-outs.

In 2021, there are plans to engage the Global Education Cluster to provide training to EiEWG partners on how to conduct Joint Education Needs Assessments (JENA). Furthermore, the EiEWG only has 22 partners reporting their activities on the 4Ws, and yet it is thought that more than 70 partners have EiE activities underway on the ground. The Working Group will make better strides in 2021 to encourage these partners to report on needs and response activities in their areas of operation so that the Working Group can establish a better understanding of the gaps in services that exist. Training will also be offered on how to report on the 4Ws.

ES-NFI

Despite an increasing number of assessments that have ES-NFI components, some information gaps continue. In 2021, the Cluster will undertake more assessments in priority provinces, building on findings from the 2020 WoA Assessment. The Cluster will also explore undertaking a detailed shelter assessment for IDPs in the West to identify their need for transitional and durable solutions. The Cluster will also publish a local architecture study that outlines traditional

construction methodologies adapted to each region across Afghanistan. The study aims to better understand people's capacities for self-recovery and reconstruction.

FSAC

Food insecurity needs are being assessed on a regular basis through the bi-annual IPC analysis which reveals up-to-date trends in food and agriculture needs. The next IPC analysis is planned for March 2021. Using the combination of results from the WoA Assessment (focused on shock-affected people including IDPs and returnees) and the area-based analysis of the SFSA allows for complementary and triangulated coverage and knowledge of the food insecurity needs at the provincial level. In 2021, the Cluster realises the need to improve capacity of both the FSAC and Nutritional Clusters to capture information on food utilisation and provincially representative anthropometric data. This includes the collection of information on food preferences, preparation, storage and feeding practices. In addition, FSAC will explore how to better capture representational data on primary nutritional outcome indicators to support a comprehensive IPC process. The seasonality of agriculture production, pasture conditions and livestock produce are partially captured through assessments conducted in collaboration with government partners and these will be continued in 2021.

Health

Although HMIS data provides comprehensive information on health outputs and outcome indicators, data on humanitarian health needs is still lacking because this is not specifically measured at the national level. This makes comparison between humanitarian needs and national baseline health indicators inconsistent. The Cluster aims to undertake in-depth health assessments on IDPs, returnees and other shock-affected people when COVID-19 risks subside, to provide a better link with national-level health data.

Nutrition

Nutrition surveys with representative sample size were placed on-hold due to COVID-19 preventive measures. Up-to-date nutrition information is urgently required. Instead, the Cluster has had to rely on proxy indicators from the SFSA, IPC and other Clusters' sectoral assessments and employ global methodologies to estimate the evolution of the nutrition situation. The Nutrition Cluster, in consultation with partners, has developed a nutrition assessment guideline in the context of COVID-19 and will be conducting assessments in 2021 to evaluate changes in people's nutritional status and further to prioritise response.

Protection

Not all Protection partners were trained in the use of the newly aligned Protection Monitoring tools, common to all Cluster members. This has limited the possibility to prepare in-depth analytical data on the protection situation of the country as the different questionnaires used did not allow for comparable data analysis. The use of common tools and training of qualified enumerators will be prioritised in 2021. The Protection Cluster will also continue to enhance its collaboration with UNAMA on Protection of Civilians work so as to encourage information sharing on protection priorities. Such a renewed collaboration was initiated in the second half of 2020 and will be further pursued in 2021.

While the WoA Assessment 2020 was key to obtaining information on trend in children at risk, it has limitations in giving accurate and timely information on children in need of real-time services as it is conducted only once a year. In order to remedy to this, the CPiE Sub-Cluster plans on launching CPIMS+ in Afghanistan in 2021 to compile a more comprehensive dataset on all cases of children experiencing protection risks – including those who are facing separation, sexual and GBV, abuse and exploitation, child marriage and child labour. At the same time, a new indicator – will be added to Report Hub so as to report on cases of all children with protection risks. This indicator will look at identification, registration, referrals, facilitation of access to services, and follow-up of case management

services in line with the Afghanistan Standard Operating Procedure (SOP) for case management.

It is recognised that the data gathered for the 2021 HNO does not demonstrate the number of GBV incidents across Afghanistan, but rather indicates reported cases in some selected health facilities. This does not allow for a country-wide analysis of general GBV prevalence. The referenced MoPH database is an information management system used mainly in urban health facilities to track the utilisation of GBV services within these locations. This is not an information management system to understand prevalence, or to identify GBV case trends at the provincial, regional or national levels.

The GBVIMS+ is a globally recognised information management system through the Primero platform, an open source software platform that helps humanitarian and development actors manage GBV data with tools that facilitate case management and incident monitoring. It tracks incidents of GBV in line with principles of safe and ethical data collection and storage. The GBVIMS+ is not yet operational in Afghanistan, however significant steps are being taken to move this forward in 2021. Strengthening of safe and ethical systems of data collection, storage and dissemination is a priority for the GBV Sub-Cluster. When survivors choose to disclose GBV incidents, it is imperative that their information is collected in a technically sound way informed by the do-no-harm approach and guided by the new Data Sharing Protocol endorsed by the HCT in 2020. Even without prevalence data, protection actors, stakeholders and leadership are cognizant of the fact that GBV incidents are taking place and exacerbated in times of crisis such as a pandemic.

For Mine Action, only partial information is available on improvised mine contamination. A comprehensive survey is required to record this in a comprehensive way. However, due to escalating conflict and access challenges, this may not be possible in 2021. There are also information gaps on ERW victim needs which prevent Mine Action partners from connecting victims and their families to relevant organisations offering assistance. Further data is also needed to understand

how mines and ERW impact on the lives of people at a larger scale. The Mine Action AoR will include relevant indicators in 2021 to address these gaps in its sectoral analysis.

The HLP-TF will continue to build on its strong research profile to address gaps in understanding of HLP needs. In 2020, the Taskforce published five briefs assessing HLP need to support evidence-based analysis by partners. Such research will continue in 2021 in order to obtain timely information on both existing and emerging needs.

WASH

In 2021, the WASH Cluster, in collaboration with the AAP Working Group, will revise its sectoral and cross-cutting indicators to allow for better consultation with women and girls, as well as people with disabilities. In particular, dedicated assessments are planned to gauge the perceptions of different vulnerable population groups around hand washing practices. In anticipation of potential fluctuations in WASH needs due to COVID-19 or La Niña, WASH cluster partners will also carry-out assessments in high-risk areas to identify how people can minimise water leakage and improve the efficiency of existing water systems.

4.4

Acronyms

AAP	Accountability to Affected People	GIMAC	Global Information Management, Assessment and Analysis Cell on COVID-19
ANDMA	Afghanistan National Disaster Management Authority	GIS	Geographic Information System
AFN	Afghani (currency)	HAG	Humanitarian Access Group
ALCS	Afghanistan Living Conditions Survey	HCT	Humanitarian Country Team
ALP	Afghanistan Local Police	HEAT	Household Emergency Assessment Tool
AWD	Acute Watery Diarrhoea	HDDS	Household Dietary Diversity Score
BPHS	Basic Package of Health Services	HHS	Household Hunger Scale
CBE	Community Based Education	HLP	Housing Land and Property
CCHF	Crimean-Congo Hemorrhagic Fever	HLP-TF	Housing Land and Property Task Force
CDR	Crude Death Rate	HMIS	Health Management Information System
cGAM	Combined Global Acute Malnutrition	HNO	Humanitarian Needs Overview
CPiE	Child Protection in Emergencies	HPC	Humanitarian Programme Cycle
CRC	Convention on the Rights of the Child	HRP	Humanitarian Response Plan
CVWG	Cash and Voucher Working Group	HTR	Hard-to-reach
DEEP	Data Entry and Exploration Platform	IASC	Inter-Agency Standing Committee
DMAC	Directorate of Mine Action Coordination	ICCT	Inter-Cluster Coordination Team
DTM	Displacement Tracking Matrix	ICRC	International Committee of the Red Cross
EiE	Education in Emergencies	IDP	Internally Displaced Person/s or People
EIEWG	Education in Emergencies Working Group	IED	Improvised Explosive Device
EOD	Explosive Ordnance Disposal	IHL	International Humanitarian Law
EPHS	Essential Package of Hospital Services	IMSMA	Information Management System for Mine Action
ERM	Emergency Response Mechanism	IOM	International Organisation for Migration
ERW	Explosive Remnants of War	ILO	International Labour Organisation
ES-NFI	Emergency Shelter and Non-Food Items	IPC	Integrated Food Security Phase Classification
FAO	Food and Agriculture Organisation	IRC	International Rescue Committee
FCS	Food Consumption Score	ISSETs	Informal Settlements
FES	Food Expenditure Share	ISK	Islamic State of Khorasan
FSAC	Food Security and Agriculture Cluster	IYCF-E	Infant and Young Child Feeding in Emergencies
GAM	Global Acute Malnutrition	JIAF	Joint Inter-Sectoral Analysis Framework
GBV	Gender Based Violence		

JMMI	Joint Market Monitoring Initiative	PLW	Pregnant and Lactating Women
KII	Key Informant Interview	PPE	Personal Protective Equipment
LCSI	Livelihoods Coping Strategy Index	PPIED	Pressure-Plate Improvised Explosive Device
MAM	Moderate Acute Malnutrition	RCCE	Risk Communications and Community Engagement
MHPSS	Mental Health and Psychosocial Support	rCSI	Reduced Coping Strategy Index
MIYCN	Maternal Infant and Young Child Nutrition	SAM	Severe Acute Malnutrition
MoE	Ministry of Education	SFSA	Seasonal Food Security Assessment
MoPH	Ministry of Public Health	SOP	Standard Operating Procedure
MRM	Monitoring and Reporting Mechanism	UNAMA	United Nations Assistance Mission in Afghanistan
MoRR	Ministry of Refugees and Repatriation	UNDP	United Nations Development Programme
MRRD	Ministry of Rural Rehabilitation and Development	UNFPA	United Nations Population Fund
MSF	Médecins Sans Frontières	UNHCR	United Nations High Commissioner for Refugees
MUAC	Mid-Upper Arm Circumference	UNICEF	United Nations Children's Fund
NDMI	Normalised Difference Vegetation Index	UNMAS	United Nations Mine Action Service
NFI	Non-Food Items	UNOPS	United Nations Office for Project Services
NGCA	Non-Government controlled Areas	USAID	United States International Development Agency
NGO	Non-Governmental Organisation	VOIED	Victim Operated Improvised Explosive Device
NRC	Norwegian Refugee Council	WASH	Water Sanitation and Hygiene
NSAG	Non-State Armed Groups	WFP	World Food Programme
OCHA	Office for the Coordination of Humanitarian Affairs	WHO	World Health Organisation
PDIA	Post-Demining Impact Assessment	WoA	Whole of Afghanistan
PDM	Post-Distribution Monitoring		
PiN	People in Need		

4.5

End Notes

- 1 In Afghanistan, 16.9m people, or 42 per cent of the population, are projected to be in crisis or emergency levels of food insecurity. According to the IPC secretariat, the other top countries include Angola (62 per cent), South Sudan (52 per cent), Central African Republic (48 per cent), and Haiti (46 per cent)
- 2 The “agreement for bringing peace to Afghanistan” was signed by US and Taliban representatives in Doha on 29 February 2020.
- 3 UNAMA. Protection of Civilians in Armed Conflict. Third Quarter Report. 1 January to 30 September 2020. https://reliefweb.int/sites/reliefweb.int/files/resources/unama_protection_of_civilians_in_armed_conflict_-_3rd_quarter_report_2020.pdf
- 4 Including, but not limited to, the 6 March attack on commemoration ceremony for Shia leader which killed 32 people and injured 81, 25 March attack on Sikh house of worship which killed 25 and injured 8, 12 May attack on Deasht-e-Barchi hospital killing 24 (including mothers, newborn babies and nurses) and injuring at least 16, 24 October attack on Kawsar e Danish educational center which killed 24 and injured more than 50, and the 2 November attack on Kabul University which killed 32 and injured 50 others.
- 5 OCHA. Afghanistan: Overview of Natural Disasters. 1 January 2020 to 20 November 2020. <https://www.humanitarianresponse.info/en/operations/afghanistan/natural-disasters-0>
- 6 According to Afghanistan MoPH as of 7 December 2020. Due to under-reporting, limited testing capacities and the absence of a national death register, the actual number of cases and deaths is likely to be significantly higher.
- 7 Prevalence of COVID-19 and Its Related Deaths in Afghanistan: A Nationwide, Population-Based Sero-epidemiological Study, Afghanistan Ministry of Public Health, July, 2020
- 8 Based on Afghanistan FSAC Cluster analysis of populations in IPC3 and IPC4 levels of food insecurity. IPC Acute Food Insecurity Analysis. August 2020-March 2021. Issued November, 2020.
- 9 Afghanistan IPC Acute Food Insecurity Analysis, August 2020-March 2020. Issued November, 2020.
- 10 IOM. Weekly Situation Report: Return of Undocumented Afghans 15-21 November, 2020.
- 11 These five population groups have been further articulated in sub-groups to support PiN calculations and facilitate enhanced reporting. HNO needs figures are disaggregated and analysed in a number of ways including though the following lenses: sectoral needs, inter-sectoral needs, severity and geographic spread of needs, the specific needs of men, women, children, people with disability, the elderly and people with mental health issues.
- 12 The Asia Foundation. Afghanistan Flash Surveys on Perceptions of Peace, COVID-19, and the Economy: Wave 1 Findings. Issued November, 2020.
- 13 World Bank. Afghanistan Development Update, July 2020: Surviving the Storm.
- 14 Ibid
- 15 Afghanistan FSAC Cluster. Seasonal Food Security Analysis. September, 2020. Unpublished.
- 16 Data from the latest 2020 Whole of Afghanistan assessment indicates that 16 per cent of non-recent IDPs, 21 per cent of recent IDPs, 46 per cent of refugees, 19 per cent of returnees and 17 per cent of vulnerable populations have taken on catastrophic levels of debt, mainly to cover immediate food and healthcare needs.
- 17 REACH Initiative. Whole of Afghanistan Multi-Sector Needs Assessment. July-September, 2020. Unpublished.
- 18 Mixed Migration Center Asia. 4Mi Snapshot: The Impact of COVID-19 on the Smuggling of Refugees and Migrants from Afghanistan. October, 2020.
- 19 UNDP analysis suggests that it without an effective recovery plan, the economy may not return to the modest growth path that was predicted pre-pandemic for upwards of four years and will lose an equivalent of 12.5 per cent GDP by 2024 in cumulative terms (Afghanistan: Coronavirus Socio-Economic Impact Assessment, UNDP, October 2020).
- 20 World Bank. Global Economic Prospects. June, 2020.
- 21 UNFPA. Afghanistan Population Project and Its Impact of Development (2017-2030). February, 2020.
- 22 World Bank. Annual Population Growth: Afghanistan. <https://data.worldbank.org/indicator/SP.POP.GROW?locations=AF>
- 23 Baseline Mobility Assessment, Round 10, Jan-June 2020. IOM DTM. There is marginal variation in the per centage of people who indicate no intention to return to areas of origin amongst displaced groups: 45 per cent of recent IDPs, 51 per cent of non-recent IDPs, 49 per cent of prolonged IDPs, and 52 per cent of protracted IDPs indicate no intention to return
- 24 WHO. Afghanistan: Mental and Disability Health. <http://www.emro.who.int/afg/programmes/mental-health.html>
- 25 European Union. National Mental Health Survey and Assessment of Mental Health Services in Afghanistan. 2018.
- 26 Institute for Economics and Peace. Global Peace Index 2020. June, 2020.
- 27 One before the US-Taliban talks, one for Eid al-hada, one for Eid al fitr

- 28 UNAMA. Protection of Civilians in Armed Conflict. Third Quarter Report. 1 January to 30 September 2020.
- 29 Ibid
- 30 UN. Report of the Secretary-General on Children in Armed Conflicts. 15 June, 2020. https://www.un.org/sg/sites/www.un.org.sg/files/atoms/files/15-June-2020_Secretary-General_Report_on_CAAC_Eng.pdf
- 31 INSO. Key Data Dashboard. Jan 2020 – November 2020. <https://www.ngosafety.org/keydata-dashboard/>
- 32 REACH Initiative. Whole of Afghanistan Multi-Sector Needs Assessment. July-September, 2020. Unpublished.
- 33 Samuel Hall and NRC. Access to Tazkera and Other Civil Documentation in Afghanistan. 2016.
- 34 Ibid
- 35 REACH Initiative. Whole of Afghanistan Multi-Sector Needs Assessment. July-September, 2020. Unpublished.
- 36 REACH Initiative. Informal Settlements Assessment: Round 1, May-June 2020. September, 2020.
- 37 78 per cent of all settlements are located in urban and peri-urban areas, where competition for land is high and the threat of eviction even higher than in other areas.
- 38 This estimate is based on preliminary data from UN-Habitat of 800,000 properties surveyed in Afghanistan's main cities as part of the City for All Programme.
- 39 The Asia Foundation. Afghanistan Flash Surveys on Perceptions of Peace, COVID-19, and the Economy: Wave 1 Findings. Issued November, 2020.
- 40 Afghanistan FSAC Cluster. Seasonal Food Security Analysis. September, 2020. Unpublished.
- 41 Ibid
- 42 REACH Initiative. Whole of Afghanistan Multi-Sector Needs Assessment. July-September, 2020. Unpublished.
- 43 Ibid
- 44 REACH Initiative. Informal Settlements Assessment: Round 1, May-June 2020. September, 2020.
- 45 OCHA and INSO. Afghanistan Hard-to-Reach Districts. August, 2020.
- 46 REACH Initiative. Whole of Afghanistan Multi-Sector Needs Assessment. July-September, 2020. Unpublished.
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**HUMANITARIAN
NEEDS OVERVIEW**
AFGHANISTAN

ISSUED DECEMBER 2020